CERTIFICATION 2

CARRIER CERTIFICATIONS Carrier Eligibility for CAF ICC Recovery

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: **OXFORD WEST TEL CO** Digitally signed by Jennifer Wilson DN:cn=Jennifer **Jennifer Wilson** Wilson,email=jwilson@oxfordnetworks.com,O=oxford west tel co,l= , Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Jennifer Wilson Title or position of Authorized Officer or employee: Controller Telephone number of Authorized Officer or employee: 207-333-3406 Filing Due Date for this form Study Area Code of Reporting Carrier 100002 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: LINCOLNVILLE NETWRKS Digitally signed by Shirley Manning DN:cn=Shirley **Shirley Manning** Manning,email=shirleym@lintelco.net,O=lincolnville netwrks,l= , Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: **Shirley Manning** Title or position of Authorized Officer or employee: President Telephone number of Authorized Officer or employee: 207-563-9941 Filing Due Date for this form Study Area Code of Reporting Carrier 100003 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: **OXFORD COUNTY TEL** Digitally signed by Jennifer Wilson DN:cn=Jennifer **Jennifer Wilson** Wilson,email=jwilson@oxfordnetworks.com,O=oxford county tel,I= , Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Jennifer Wilson Title or position of Authorized Officer or employee: Controller Telephone number of Authorized Officer or employee: 207-333-3406 Filing Due Date for this form Study Area Code of Reporting Carrier 100019 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: PINE TREE TEL LLC Digitally signed by Dennis Andrews DN:cn=Dennis **Dennis Andrews** Andrews,email=dennis@otelcotel.com,O=pine tree tel llc,l= , Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: **Dennis Andrews** Title or position of Authorized Officer or employee: Sr Vice President Telephone number of Authorized Officer or employee: 256-586-1420 Filing Due Date for this form Study Area Code of Reporting Carrier 100020 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: SACO RIVER TEL LLC Digitally signed by Dennis Andrews DN:cn=Dennis **Dennis Andrews** Andrews,email=dennis@otelcotel.com,O=saco river tel Ilc,I= Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: **Dennis Andrews** Title or position of Authorized Officer or employee: Sr Vice President Telephone number of Authorized Officer or employee: 256-586-1420 Filing Due Date for this form Study Area Code of Reporting Carrier 100022 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Printed name of authorized officer William S. Silsby, Jr. Title or position of authorized officer Vice President/General Manager Telephone number of authorized officer. (207) 584-9911. Telephone number of authorized officer. (207) 584-9911.	Name of Reporting Carrier Union River Telephone Company Signature of authorized officer 09/26/2012	Certification of Officer for Kate-of-Keturn Carrier Eligibility for CAFIICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAFICC support requested pursuant to §51.917(f).
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: UNITEL, INC. Digitally signed by Laurie Osgood DN:cn=Laurie **Laurie Osgood** Osgood,email=losgood@uninets.net,O=unitel, inc.,I=Unity ME 04988-0165, Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: Laurie Osgood Title or position of Authorized Officer or employee: CEO/President Telephone number of Authorized Officer or employee: 207-948-9952 Filing Due Date for this form Study Area Code of Reporting Carrier 100029 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: MID-MAINE TELECOM Digitally signed by Dennis Andrews DN:cn=Dennis **Dennis Andrews** Andrews,email=dennis@otelcotel.com,O=mid-maine telecom,I= , Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: **Dennis Andrews** Title or position of Authorized Officer or employee: Sr Vice President Telephone number of Authorized Officer or employee: 256-586-1420 Filing Due Date for this form Study Area Code of Reporting Carrier 103315 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: **GRANBY TEL LLC** Digitally signed by Dennis Andrews DN:cn=Dennis **Dennis Andrews** Andrews,email=dennis@otelcotel.com,O=granby tel llc,l=, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: **Dennis Andrews** Title or position of Authorized Officer or employee: Sr Vice President Telephone number of Authorized Officer or employee: 256-586-1420 Filing Due Date for this form Study Area Code of Reporting Carrier 110036 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

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e Communications Act of 1934, 47 U.S.C. §§ 5	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502,	Persons
10/4/2012	Study Area Code of Reporting Cerrier 1/ DO 3 Prof. (mm/dd/yyyy)	Study Area Co
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ng carrier on this form certifies that it has resive the CAF ICC support requested pursuant	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	l certif compl to §53
r CAF/ICC Recovery	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	
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REDACTED-FOR PUBLIC INSPECTION

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery Certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier Bretton Woods Telephone Company, Inc.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: **GRANITE STATE TEL** Digitally signed by Susan King DN:cn=Susan **Susan King** King,email=srand@gstnetworks.com,O=granite state tel,I=Weare NH 03281, Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: Susan King Title or position of Authorized Officer or employee: President Telephone number of Authorized Officer or employee: 603-529-9941 Filing Due Date for this form Study Area Code of Reporting Carrier 120039 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: DIXVILLE TEL CO Digitally signed by Ann Walsh DN:cn=Ann **Ann Walsh** Walsh,email=awalsh@tillotsoncorp.com,O=dixville tel co,I= , Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Ann Walsh Title or position of Authorized Officer or employee: **Assistant Secretary** Telephone number of Authorized Officer or employee: 781-402-1731 Filing Due Date for this form Study Area Code of Reporting Carrier 120042 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: **DUNBARTON TEL CO** Digitally signed by David Montgomery DN:cn=David **David Montgomery** Montgomery,email=duntelco@gsinet.net,O=dunbarton tel co,l= , Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: **David Montgomery** Title or position of Authorized Officer or employee: President Telephone number of Authorized Officer or employee: 603-774-9911 Filing Due Date for this form Study Area Code of Reporting Carrier 120043 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: FRANKLIN TEL CO - VT Digitally signed by Kimberly Gates Maynard DN:cn=Kimberly **Kimberly Gates Maynard** Gates Maynard,email=ftc@franklinvt.net,O=franklin tel co vt,I=Franklin VT 05457, Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: Kimberly Gates Maynard Title or position of Authorized Officer or employee: Treasurer Telephone number of Authorized Officer or employee: 802-285-9911 Filing Due Date for this form Study Area Code of Reporting Carrier 140053 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: SHOREHAM TEL. Digitally signed by Dennis Andrews DN:cn=Dennis **Dennis Andrews** Andrews,email=dennis@otelcotel.com,O=shoreham tel.,I= Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: **Dennis Andrews** Title or position of Authorized Officer or employee: Sr Vice President Telephone number of Authorized Officer or employee: 256-586-1420 Filing Due Date for this form Study Area Code of Reporting Carrier 140064 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAFICC support requested pursuant to \$51.917(f). Introd Carrier Canthorized officer CHAIR MAN TELEPHONE THE SALES SALES The or possition of subhorized officer: CHAIR MAN TETHON THE THE SALES SALES The or possition of subhorized officer: CHAIR MAN TETHON THE THE SALES Filling Cue Date for this form 10/4/2012	With Clark
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tification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recover of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form of the reporting carrier on the reportin	ide or position of authorized
Certification of Officer for Rate-of-Ratum Carrier Eligibility for CAF/ICC Recovery of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form of Recovery field and Access Recovery Charge 951 917(a) and is eligible to receive the CAFICC support of the CAFICC support o	three name of authorized of
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAFICC support requested pursuant to \$51.917(f). Solution of Reporting Carrier To-Carrier Target Harman Target Returns the Carrier Recovery Charge \$51.917(e) and is eligible to receive the CAFICC support requested pursuant to \$51.917(f).	ignature of authorized officer
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAFICC support requested pursuant to \$51.917(f).	anno of Reporting Carrier
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAFICC support requested pursuant to \$51.917(f).	a company
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has	to §51.917(f).
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	I certify that I am an

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: WAITSFIELD/FAYSTON Digitally signed by Roger Nishi DN:cn=Roger Roger Nishi Nishi,email=rnishi@wcvt.com,O=waitsfield/fayston,I=Waitsfi eld VT 05673, Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: Roger Nishi Title or position of Authorized Officer or employee: Vice President - Industry Relations Telephone number of Authorized Officer or employee: 802-496-8336 Filing Due Date for this form Study Area Code of Reporting Carrier 140069 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: VERMONT TEL. CO-VT Digitally signed by Fran Stocker DN:cn=Fran Fran Stocker Stocker,email=fstocker@vermontel.com,O=vermont tel. co-vt,I= , Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: Fran Stocker Title or position of Authorized Officer or employee: Vice President of Finance Telephone number of Authorized Officer or employee: 802-885-7745 Filing Due Date for this form Study Area Code of Reporting Carrier 147332 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Act of 1934, 47 U.S.C. §§ 502,	Communications 18 U.S.C. § 1001.	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 502, 503 (b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	Persons willfully making false
	10/4/2012	150071 Filing Due Date for this form (mm/dd/yyyy)	Study Area Code of Reporting Carrier
A SECTION OF THE PARTY OF THE P		(724) 283-0925	Telephone number of authorized officer. (724) 283-0925.
		Controller	Title or position of authorized officer Controller
		mes W. Ranko	Printed name of authorized officer James W. Ranko
09/27/12	Date	and the hort	Signature of authorized officer
		Name of Reporting Carrier Armstrong Telephone Company - NEW YORK	Name of Reporting Carrier Armstr
		to §51.917(f).	to §51.917(f).
m certifies that it has	g carrier on this form	certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has	I certify that I am an officer of
very	CAF/ICC Reco	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	Certific

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: CASSADAGA TEL CORP Digitally signed by Bruce Clark DN:cn=Bruce **Bruce Clark** Clark,email=brucec@dftel.com,O=cassadaga tel corp,I=Fredonia NY 14063-0209, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: **Bruce Clark** Title or position of Authorized Officer or employee: Vice President of Finance Telephone number of Authorized Officer or employee: 716-673-3083 Filing Due Date for this form Study Area Code of Reporting Carrier 150076 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: CHAMPLAIN TEL CO Digitally signed by Mark Webster DN:cn=Mark **Mark Webster** Webster,email=mwebster@champlaintelephone.com,O=ch amplain tel co,I=Champlain NY 12919, Date:9/24/2012 Signature of Authorized Officer or employee: Date: 9/24/2012 Printed name of Authorized Officer or employee: Mark Webster Title or position of Authorized Officer or employee: Controller Telephone number of Authorized Officer or employee: 518-298-2480 Filing Due Date for this form Study Area Code of Reporting Carrier 150077 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: CHAUTAUQUA & ERIE Digitally signed by Michael Skrivan DN:cn=Michael Michael Skrivan Skrivan,email=mskrivan@fairpoint.com,O=chautaugua & erie,l= , Date:9/28/2012 Signature of Authorized Officer or employee: Date: 9/28/2012 Printed name of Authorized Officer or employee: Michael Skrivan Title or position of Authorized Officer or employee: Vice-President Regulatory Telephone number of Authorized Officer or employee: 207-535-4150 Filing Due Date for this form Study Area Code of Reporting Carrier 150078 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

Act of 1934, 47 U.S.C. §§ 502,	e Communications A , 18 U.S.C. § 1001.	e statements on this form can be punished by fine or forfeiture under the Communication 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502. 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.
	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	Study Area Code of Reporting Carrier 150079
			Telephone number of authorized officer: (518) 962-8211
And the second s	And the second s		Title or position of authorized officer PRESIDENT
and the second s			Printed name of authorized officer JAMES P. FORCIER
9/27/2012	Date		Signature of authorized officer
The second secon	ON	CHAZY AND WESTPORT TELEPHONE CORPORATION	Name of Reporting Carrier CHAZY AND WESTPORT
port requested pursuant	ceive the CAF ICC sup	overy Charge §51.917(e) and is eligible to re	complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).
n certifies that it has	ng carrier on this forn	t, to the best of my knowledge, the reportin	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has
very	r CAF/ICC Reco	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	Certification of Officer for Ra

Act of 1834, 47 U.S.C. §§ 502,	ommunications	Persons willfully making false statements on this form can be punished by fine or forfatture under the Communications Act of 1934, 47 U.S.C. §§ 502. 503(b), or fine or imprisonment under title 18 of the United Status Code, 18 U.S.C. § 1001.	ng false statements on this fo 503(b), or fine or impr	Persons willfully maki
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	4 1 4	CHAIRMAN OF THE BOAKS		Title or position of authorized officer
	SM	DONATO A. CERRISOLT, SK		Phinted name of authorized officer
09/26/2012	Date	tracked the Carebalis	K	Signature of Authorized officer
AMMOND, NY, INS	a 70 F	LENS TELEPHONE COMPANY OF HAMMOND, NY, IN	CIT 17672	Name of Reporting Carrier
on certifies that it has upport requested pursuant	arrier on this fo	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting earrier on this form certifies that it has compiled with Eligible Recovery §51.917(d) and Access Recovery Chargo §51.917(e) and its eligible to resolve the CAFICC support requested pursuant to §51.917(f).	officer of the reporting carrier of Recovery §51.917(d) and Ag	to \$51.917(f).
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overy	AFRCC Rec	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	Certification of Officer	
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: CROWN POINT TEL CORP Digitally signed by Shana Knapp Macey DN:cn=Shana **Shana Knapp Macey** Knapp Macey,email=shana.macey@cptelco.net,O=crown point tel corp,I=Crown Point NY 12928, Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Shana Knapp Macey Title or position of Authorized Officer or employee: President Telephone number of Authorized Officer or employee: 518-597-3300 Filing Due Date for this form Study Area Code of Reporting Carrier 150085 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: DELHI TEL CO Digitally signed by Douglas Edwards DN:cn=Douglas **Douglas Edwards** Edwards,email=doug@delhitel.com,O=delhi tel co,I=Delhi NY 13753-0271, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: **Douglas Edwards** Title or position of Authorized Officer or employee: Treasurer Telephone number of Authorized Officer or employee: 607-746-1529 Filing Due Date for this form Study Area Code of Reporting Carrier 150088 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: **DUNKIRK & FREDONIA** Digitally signed by Bruce Clark DN:cn=Bruce **Bruce Clark** Clark,email=brucec@dftel.com,O=dunkirk & fredonia,I=Fredonia NY 14063-0209, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: **Bruce Clark** Title or position of Authorized Officer or employee: Vice President of Finance Telephone number of Authorized Officer or employee: 716-673-3083 Filing Due Date for this form Study Area Code of Reporting Carrier 150091 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: **EMPIRE TEL CORP** Digitally signed by Tom Prestigiacomo DN:cn=Tom **Tom Prestigiacomo** Prestigiacomo,email=tpresti@etcnpt.com,O=empire tel corp,I=Prattsburgh NY 14873, Date:9/24/2012 Signature of Authorized Officer or employee: Date: 9/24/2012 Printed name of Authorized Officer or employee: Tom Prestigiacomo Title or position of Authorized Officer or employee: **CFO** Telephone number of Authorized Officer or employee: 607-522-4237 Filing Due Date for this form Study Area Code of Reporting Carrier 150093 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

of 1934, 47 U.S.C. §§ 502,	Communications Act of B U.S.C. § 1801.	e statements on this form can be punished by fine or forfeiture under the Communication 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 502, 503, 503, 503, 503, 503, 503, 503, 503
	10/4/2012	Filing Due Date for this form (minord/yyvy)	Study Area Code of Reporting Carner 150095
			Telephone number of authorized officer. (631) 788-7003.
	A TOTAL TOTA	er en de en de de en	Title or position of authorized officer President
			Printed name of authorized officer Robert Wall
9-25-12	Dale	1	Signature of authorized officer
	The second secon	1/0	Name of Reporting Carrier Fishers Island Lelephone Co
t requested pursuant	eive the CAF ICC suppor	ery Charge §51.917(e) and is eligible to rec	complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).
rtifies that it has	g carrier on this form ce	to the best of my knowledge, the repartin	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reparting carrier on this form certifies that it has
		e e	
7	CAFIICC Recover	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	Certification of Officer for Rate

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: **GERMANTOWN TEL CO** Digitally signed by Bruce Bohnsack DN:cn=Bruce **Bruce Bohnsack** Bohnsack,email=bruceb@gtel.net,O=germantown tel co,I=Germantown NY 12526, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Bruce Bohnsack Title or position of Authorized Officer or employee: President and CEO Telephone number of Authorized Officer or employee: 518-537-4835 Filing Due Date for this form Study Area Code of Reporting Carrier 150097 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAFTICC support requested pursuant to \$51.917(f). Name of Reporting Carrier Hancock Telephone Company Signature of authorized officer Additional Company Signature of authorized officer Robert C. Wrighter, Sr. Title or position of authorized officer President Telephone Company Title or position of authorized officer \$603) 637-99.81. Title or position of authorized officer \$603) 637-99.81. Title or position of authorized officer \$150099 Titling Due Date for this form 10/4/2012 Title or position of authorized officer \$150099 Titling Due Date for this form 10/4/2012 Title or position of authorized officer \$150099 Titling Due Date for this form 10/4/2012 Title or position of authorized officer \$150099 Titling Due Date for this form 10/4/2012 Title or position of authorized officer \$150099 Titling Due Date for this form 10/4/2012 Title or position of authorized officer \$150099 Titling Due Date for this form 10/4/2012	ons Act of 1934, 47 U.S.C. §§ 502,	Communication 18 U.S.C. § 100	Persons willfully making false statements on this form can be punished by fine or forfetture under the Communications Act of 1934, 47 U.S.C. §§ 502, 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	ements on this form can), or fine or imprisonmer	Persons willfully making false stat 503(b
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier Hancocyk Telephone Company Signature of authorized officer Robert C. Wrighter, Sr. Title or position of authorized officer President Telephone number of authorized officer (607) 637-9913.	2	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	150099	Study Area Code of Reporting Carrier
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery Certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier Hancock Telephone Company Signature of authorized officer Robert C. Wrighter, Sr. Printed name of authorized officer President			The state of the s	607) 637-9911	Telephone number of authorized officer. (
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier Hancock Telephone Company Signature of authorized officer Robert C. Wrighter, Sr.	The state of the s		1.11	sident	Title or position of authorized officer Pre
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier Hancock Telephone Company Signature of authorized officer Lasters William States and Carrier Lasters William Stat				art C. Wrighter, Si	Printed name of authorized officer Robe
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier Hancock Telephone Company	09/26/2012	Date	Esti	4 Chilasto	Signature of authorized officer
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligibie Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f).	*		any	Telephone Compa	Name of Reporting Carrier Hancock
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligibie Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f).					
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	s form certifies that it has C support requested pursuant	g carrier on thi	t, to the best of my knowledge, the reporting overy Charge §51.917(e) and is eligible to re-	reporting carrier and tha 51.917(d) and Access Rec	I certify that I am an officer of the complied with Eligible Recovery § to §51.917(f).
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
	Recovery	CAFIICC R	ate-of-Return Carrier Eligibility to	ion of Officer for Ra	Certificat

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: MARGARETVILLE TEL CO Digitally signed by Glen Faulkner DN:cn=Glen Glen Faulkner Faulkner,email=mtcgf@catskill.net,O=margaretville tel co,I=Margaretville NY 12455, Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: Glen Faulkner Title or position of Authorized Officer or employee: Asst Secretary / Treasurer Telephone number of Authorized Officer or employee: 845-586-3311 Filing Due Date for this form Study Area Code of Reporting Carrier 150104 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: MIDDLEBURGH TEL CO Digitally signed by Marjorie Becker DN:cn=Marjorie Marjorie Becker Becker,email=info@midtel.net,O=middleburgh tel co,l=Middleburgh NY 12122-0191, Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Marjorie Becker Title or position of Authorized Officer or employee: CEO & General Manager Telephone number of Authorized Officer or employee: 518-827-5211 Filing Due Date for this form Study Area Code of Reporting Carrier 150105 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: **NEWPORT TEL CO** Digitally signed by Joseph Tomaino DN:cn=Joseph **Joseph Tomaino** Tomaino,email=jtomaino@ntcnet.com,O=newport tel co,I=Newport NY 13416, Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Joseph Tomaino Title or position of Authorized Officer or employee: Vice President of Operations Telephone number of Authorized Officer or employee: 315-845-8112 Filing Due Date for this form Study Area Code of Reporting Carrier 150107 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: NICHOLVILLE TEL CO Digitally signed by Jeffrey McGrath DN:cn=Jeffrey **Jeffrey McGrath** McGrath,email=jmcgrath@slic.com,O=nicholville tel co,I=Nicholville NY 12965, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Jeffrey McGrath Title or position of Authorized Officer or employee: Vice President/CIO Telephone number of Authorized Officer or employee: 315-328-5333 Filing Due Date for this form Study Area Code of Reporting Carrier 150108 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: ONEIDA COUNTY RURAL Digitally signed by Thomas Ellis DN:cn=Thomas **Thomas Ellis** Ellis,email=tellis@northlandcom.com,O=oneida county rural,l= , Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Thomas Ellis Title or position of Authorized Officer or employee: **Executive Vice President** Telephone number of Authorized Officer or employee: 315-624-2000 Filing Due Date for this form Study Area Code of Reporting Carrier 150111 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: ONTARIO TEL CO, INC. Digitally signed by Michael Carr DN:cn=Michael **Michael Carr** Carr,email=mikec@fltg.com,O=ontario tel co, inc.,l= Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Michael Carr Title or position of Authorized Officer or employee: Chief Financial/Operating Officer Telephone number of Authorized Officer or employee: 315-548-7566 Filing Due Date for this form Study Area Code of Reporting Carrier 150112 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: PATTERSONVILLE TEL Digitally signed by Tammy Krisher DN:cn=Tammy **Tammy Krisher** Krisher,email=tkrisher@ptcconnect.net,O=pattersonville tel,I=Rotterdam Junc NY 12150, Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: Tammy Krisher Title or position of Authorized Officer or employee: President Telephone number of Authorized Officer or employee: 518-887-2121 Filing Due Date for this form Study Area Code of Reporting Carrier 150116 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: STATE TEL CO Digitally signed by Mark Evans DN:cn=Mark **Mark Evans** Evans,email=mevans@statetel.com,O=state tel co,l= , Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Mark Evans Title or position of Authorized Officer or employee: Vice President Telephone number of Authorized Officer or employee: 518-731-6128 Filing Due Date for this form Study Area Code of Reporting Carrier 150125 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: TRUMANSBURG TEL CO. Digitally signed by Michael Carr DN:cn=Michael **Michael Carr** Carr,email=mikec@fltq.com,O=trumansburg tel co.,l= , Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Michael Carr Title or position of Authorized Officer or employee: Chief Financial/Operating Officer Telephone number of Authorized Officer or employee: 315-548-7566 Filing Due Date for this form Study Area Code of Reporting Carrier 150131 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Persons willfully making false sta 503(Study Area Code of Reporting Carrier	Telephone number of authorized officer: (267) 234-7300	Title or position of authorized officer EVP & Chief Administrative Officer and Corporate Secretary	Printed name of authorized officer Jennifer M. Brown	Signature of authorized officer	Name of Reporting Carrier Warwick Valley Telephone Company	to §51.917(f).	I certify that I am an officer of the	Certificat
atements on this form can b (b), or fine or imprisonment	150135	(267) 234-7300	P & Chief Administ	nifer M. Brown	Munician M B1	Valley Telephone C		e reporting carrier and that, I	ion of Officer for Rate
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	Filing Due Date for this form (mm/dd/yyyy)		rative Officer and Corporate		two	ompany	ed and property of the propert	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has commissed with Fliable Recovery 651 917/d) and Acress Recovery Charge 651 917/o) and it eligible to receive the CAF ICC support requested pursuant	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery
he Communications le, 18 U.S.C. § 1001.	10/4/2012		Secretary		Date			ing carrier on this for	or CAF/ICC Reco
Act of 1934, 47 U.S.C. §§ 502,					9/25/12		, de la companya de l	rm certifies that it has	очегу

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502,	Study Area Code of Reporting Carrier 160135 Filing Due Date for this form 10/4/2012	Telephone number of authorized officer: (267) 234-7300.	Title or position of authorized officer EVP & Chief Administrative Officer and Corporate Secretary	Printed name of authorized officer Jen hifer M. Brown	Signature of authorized officer American Markin Date 9/25/12	Name of Reporting Carrier Warwick Valley Telephone Company	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery
t of 1934, 47 U.S.C. §§ 502		*			9/25/12		ertifies that it has ort requested pursuant	γ

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: BENTLEYVILLE TEL CO Digitally signed by Michael Skrivan DN:cn=Michael Michael Skrivan Skrivan,email=mskrivan@fairpoint.com,O=bentleyville tel co,l= , Date:9/28/2012 Signature of Authorized Officer or employee: Date: 9/28/2012 Printed name of Authorized Officer or employee: Michael Skrivan Title or position of Authorized Officer or employee: Vice-President Regulatory Telephone number of Authorized Officer or employee: 207-535-4150 Filing Due Date for this form Study Area Code of Reporting Carrier 170145 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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Title or position of authorized officer President	Signature of authorized officer ASKCTAM Date September 26, 2012	Name of Reporting Carrier Citizens Telephone Company of Kecksburg	(contify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifles that it has compiled with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	
Telophone number of authorized officer: (724) 423-44-8kt. Study Area Code of Reporting Cerner 170156 (mm/dd/yyy)	Title or position of authorized officer: (724) 423-4444. Telophone number of authorized officer: (724) 423-4444. Filing Due Date for this form 10/4/2012	pate 10/4/2012	itizens Telephone Company of Kecksburg Date Company of Kecksburg Date Date	adgo, the reporting carrier on this form nd is eligible to receive the CAF ICC support of t	r Eligibility for CAF/ICC Recoving the reporting carrier on this form pate. Date 10/4/2012
	Title or position of authorized officer President	Date	Date	iadgo, the reporting carrier on this formind is eligible to receive the CAFICC supp	r Eligibility for CAF/ICC Recoving the reporting carrier on this form and is eligible to receive the CAF ICC suppose.

s Act of 1934, 47 U.S.C. §§ 502,	Communications 18 U.S.C. § 1001.	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.
	10/4/2012	Study Area Code of Reporting Carrier 170171 Filing Due Date for this form (mm/dd/yyyy)
		Telephone number of authorized officer: (724) 356-2213.
		Title or position of authorized officer Treasurer
		Printed name of authorized officer Grier Adamson
9/27/12	Date	Signature of authorized officer Knie Claumine
		Name of Reporting Carrier Hickory Telephone Company
rm certifies that it has ipport requested pursuant	carrier on this for sive the CAF ICC su	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).
overy	CAF/ICC Reco	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: LACKAWAXEN TELECOM Digitally signed by Deborah Szmyd DN:cn=Deborah **Deborah Szmyd** Szmyd,email=dszmyd@ltis.net,O=lackawaxen telecom,I=Rowland PA 18457, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Deborah Szmyd Title or position of Authorized Officer or employee: Secretary/Treasurer Telephone number of Authorized Officer or employee: 570-685-1096 Filing Due Date for this form Study Area Code of Reporting Carrier 170177 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: LAUREL HIGHLAND TEL Digitally signed by James Kail DN:cn=James **James Kail** Kail,email=jjkail@lhtot.com,O=laurel highland tel,I=Stahlstown PA 15687-0168, Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: James Kail Title or position of Authorized Officer or employee: CEO & President Telephone number of Authorized Officer or employee: 724-593-2411 Filing Due Date for this form Study Area Code of Reporting Carrier 170179 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Act of 1934, 47 U.S.C. §§ 502,	Communications	can be punished by fine or forfeiture under the C	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502,	Perso
	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	Study Area Code of Reporting Carrier 170189	Sludy Area C
		2.	Telephone number of authorized officer: (724) 283-0925	Telephone n
			Title or position of authorized officer Controller	Title or positi
	ŀ	THE STATE OF THE S	Printed name of authorized other James W. Ranko	Printed name
09/27/12	Date	(Jul):	Signature of authorized officer Acome.	Signature of
		ompany - PENNSYLVANIA	Name of Reporting Carrier Armstrong Telephone Company - PENNSYLVANIA	Name of Rep
				F
m certifies that it has pport requested pursuant	carrier on this forn	I that, to the best of my knowledge, the reporting or Recovery Charge §51.917(e) and is eligible to receive	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	com to §
				v
very	CAF/ICC Reco	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	Certification of Officer for	

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: NORTH-EASTERN PA TEL Digitally signed by Thomas Mendicino DN:cn=Thomas **Thomas Mendicino** Mendicino,email=tommendo@nep.net,O=north-eastern pa tel,I=Forest City PA 18421, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Thomas Mendicino Title or position of Authorized Officer or employee: Vice President Telephone number of Authorized Officer or employee: 570-785-2210 Filing Due Date for this form Study Area Code of Reporting Carrier 170191 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: NORTH PENN TEL CO Digitally signed by Tom Prestigiacomo DN:cn=Tom **Tom Prestigiacomo** Prestigiacomo,email=tpresti@etcnpt.com,O=north penn tel co,I=Prattsburgh NY 14873, Date:9/24/2012 Signature of Authorized Officer or employee: Date: 9/24/2012 Printed name of Authorized Officer or employee: Tom Prestigiacomo Title or position of Authorized Officer or employee: **CFO** Telephone number of Authorized Officer or employee: 607-522-4237 Filing Due Date for this form Study Area Code of Reporting Carrier 170192 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery
	Company -NORTH Politing Due Date for this form	I certify that I am an officer of the reporting cerrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier Armstrong Telephone Company -NORTH Signature of authorized officer James W. Ranko Printed name of authorized officer Controller Telephone number of authorized officer: (724) 283-0925. Telephone number of authorized officer: (724) 283-0925. Study Area Code of Reporting Carrier 170195 Filing Due Date for this form 10/4/2012
	to §51.917(f). Name of Reporting Carrier Armstrong Telephone Company -NORTH	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier Armstrong Telephone Company -NORTH
Mer Ch		I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Persons willfully making false atttements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 602, 500, 500, 500, 500, 500, 500, 500, 5	Study Area Code of Reporting Carrier 170196 (%) (%) Filing Due Date for this form	Telephone rumber of authorized officer: (619) 826-9272	Title or position of subpolized officer Vice-President of Operations	Printed name of authorized officer Thomas G. Lager	Signatura of authorized officer Money James	Name of Reporting Carrier Palmerton Telephone Company	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery is cartify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f).
the Communication de, 18 U.S.C. § 1001	10/4/2012				Date		or CAF/ICC Rec
s Act of 1934, 47 U.S.C. §8 802,					9/26/12		20V0TY arm cardiffes that it has support requested pursuant

NECA 2012 ANNUAL ACCESS TARIFF DIRECT CASE, WC DOCKET NO. 12-233

99%

Trilly, or position of sulfinatized officer: (579) 745-7101 Teinphone number of sulfinatized officer: (579)	Name of Repositing Courtes Pennsylvania Telephone Company Signature of authorized officer Mary E. Davis	I cartify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifios that it has compiled with Eligible Recovery §\$1.517(d) and Access Recovery Charge §\$1.517(e) and is aligible to receive the CAF ICC support requested pursuant to §\$1.917(f).	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: PYMATUNING IND TEL Digitally signed by Deborah Nobles DN:cn=Deborah **Deborah Nobles** Nobles,email=dnobles@townes.net,O=pymatuning ind tel,I= , Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Deborah Nobles Title or position of Authorized Officer or employee: **VP Regulatory Affairs** Telephone number of Authorized Officer or employee: 904-688-0029 Filing Due Date for this form Study Area Code of Reporting Carrier 170200 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Study Area Code of Reporting Carrier 170204 Filling Due Detertor this form 10/4/2012 (mmvcd/yyyy) Persons willfully making faire statements on this form can be gunished by fine or forfeiture under the Communications Act of 1934, 47-U.S.C. 95 502.	Telephone number of authorized officer: (570) 937-4114	Title or position of authorized officer President	Printed name of authorized officer Carolyn C Copp	Signature of authorized officer	Name of Reporting Certier South Canaan Telephone Company	200-1-100-1	I certify that I am an officer of the n complied with Eligible Recovery §51 to §51.917(f).	Certificatio
170204	79) 937-4114	ident	in c copp 11	Carly Cay	ian Telephone Comp		porting carrier and that, to th .917(d) and Access Recovery (n of Officer for Rate-of
Filing Due Date for this form (mmved/gyyy)				7	pany		I certify that I am an office: of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery
10/4/2012				Date			ng carrier on this for ceive the CAF ICC sup	CAFIICC Reco
	100			9/24/2012			m certifies that it has pport requested pursuant	overy

Persons wilfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1834, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under ride 18 of the United States Code, 18 U.S.C. § 1001.	under the Comm les Code, 18 U.S.	arm can be punished by fine or forfeiture to sonment under Title 18 of the United State	statements on this fi 503(b), or fine or impr	Persons willfully making fals
10/4/2012	10/2	Filing Due Date for this form (mm/dd/yyy)	170210	Study Area Code of Reporting Corrier
		2192	er (814 354-	Talaphone number of authorized officer: (814 354-2492
		ations	V.P. Operations	Title or position of authorized officer
antomor 4.		eister	/John W. Keister	Printed name of authorized officer
Date 9/27/2012		Jan is hower	Jan-	Signature of authorized officer
- Section Control of the Control of		Venus Telephone Corporation	Venus Tele	Name of Reporting Carrier
The state of the s				
e fature subject techniques	oje to receive die	complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(s) and is eligible to receive the thir not requested pursuants to §51.917(f).	ery §51.917(a) and Acc	to §\$1.917(f).
r on this form certifies that it has	reporting carrier	certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has	f the reporting carrier	I certify that I am an officer o
ICC Recovery	illy for CAF/	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	cation of Officer	Certifi
and the second s				THE PARTY OF THE P

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: YUKON - WALTZ TEL CO Digitally signed by James Kail DN:cn=James **James Kail** Kail,email=jjkail@lhtot.com,O=yukon - waltz tel co,l=Stahlstown PA 15687-0168, Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: James Kail Title or position of Authorized Officer or employee: CEO & President Telephone number of Authorized Officer or employee: 724-593-2411 Filing Due Date for this form Study Area Code of Reporting Carrier 170215 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Act of 1934, 47 U.S.C. §§ 502,	18 U.S.C. § 1001.	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 502, 1901.	ements on this form c), or fine or imprisonn	Persons willfully making false state 503(b
	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	180216	Study Area Code of Reporting Carrier
		The second of th	724) 283-0925	Telephone number of authorized officer: (724) 283-0925
			ntroller	Title or position of authorized officer Controller
			s W. Ranko	Printed name of authorized discer James W. Ranko
09/27/12	Date	mo	melle	Signature of authorized officer
		ompany - Maryland	Telephone Co	Name of Reporting Carrier Armstrong Telephone Company - Maryland
pport requested pursuant	elve the CAF ICC sup	complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	1.917(d) and Access R	complied with Eligible Recovery §5 to §51.917(f).
n certifies that it has	carrier on this form	certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has	reporting carrier and t	I certify that I am an officer of the
very	CAF/ICC Reco	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	on of Officer for I	Certificati
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		515.5	0.500

Act of 1934, 47 U.S.C. §§ 502,	Communications , 18 U.S.C. § 1001.	Fersons willumy making talse statements on this form can be punished by fine or forfelture under the Communications Act of 1934, 47 U.S.C. §§ 502, 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	b), or fine or imprisonment	Fersons willuny making raise sta 503(
	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	190219	Study Area Code of Reporting Carrier
			(434) 636-1215	Telephone number of authorized officer:
			General Manager	Title or position of authorized officer Ge
			cey L. 8ims	Printed name of authorized officer Mickey L
9/27/2012	Date	in	Eurer X	Signature of authorized officer
		perative	and Telephone Coo	Name of Reporting Carrier Buggs Island Telephone Cooperative
rm certifies that it has ipport requested pursuant	ng carrier on this for ceive the CAF ICC su	l certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	e reporting carrier and that, 951.917(d) and Access Recov	I certify that I am an officer of th complied with Eligible Recovery ! to \$51.917(f).
оvегу	r CAF/ICC Reco	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	tion of Officer for Rat	Certifica

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: **BURKE'S GARDEN TEL** Digitally signed by Missy Lynch DN:cn=Missy **Missy Lynch** Lynch,email=missylynch@bgtco.net,O=burke's garden tel,I= Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: Missy Lynch Title or position of Authorized Officer or employee: Office Manager/Secretary Telephone number of Authorized Officer or employee: 276-472-2345 Filing Due Date for this form Study Area Code of Reporting Carrier 190220 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. 88 502.	Study Area Code of Reporting Carrier	Telephone number of authorized officer: (5,	Title or position of authorized officer CEO & General Manager	Printed name of authorized officer Greg Sapp	Signature of authorized officer	Name of Reporting Carrier CITIZENS TEL COOP	I certify that I am an officer of the re complied with Eligible Recovery §51 to §51.917(f).	Certificatio
nents on this form can be	190225	(549) 745-2111	& General Manag	Sapp "	(Bod par	TEL COOP	eporting carrier and that, t	n of Officer for Rate
nunished by fine or forfaiture under th	Filing Due Date for this form		ger				l certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery
10, 11, 10, 11	10/4/2012				Date		ng carrier on this fo sceive the CAF ICC su	r CAF/ICC Rec
					9/27/12		rm certifies that it has ipport requested pursuant	overy

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: HIGHLAND TEL COOP Digitally signed by Ruth Newman DN:cn=Ruth **Ruth Newman** Newman,email=newmanr@htcnet.org,O=highland tel coop,I=Monterey VA 24465, Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: **Ruth Newman** Title or position of Authorized Officer or employee: Office Manager/Secretary Telephone number of Authorized Officer or employee: 540-468-2131 Filing Due Date for this form Study Area Code of Reporting Carrier 190237 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: MGW TEL. CO. INC. Digitally signed by Sheri Smith DN:cn=Sheri **Sheri Smith** Smith,email=sherihsmith@mgwnet.com,O=mgw tel. co. inc.,I=Williamsville VA 24487, Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Sheri Smith Title or position of Authorized Officer or employee: Treasurer Telephone number of Authorized Officer or employee: 540-925-2255 Filing Due Date for this form Study Area Code of Reporting Carrier 190238 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: **NEW HOPE TEL COOP** Digitally signed by Laurie Hensley DN:cn=Laurie **Laurie Hensley** Hensley,email=lauriehensley@newhopetel.com,O=new hope tel coop,I=New Hope VA 24469, Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Laurie Hensley Title or position of Authorized Officer or employee: Secretary-Treasurer Telephone number of Authorized Officer or employee: 540-363-6277 Filing Due Date for this form Study Area Code of Reporting Carrier 190239 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

pyport requested places of the property of the	Study Area Code of Reporting Carrier 190243 Filing Due Date for this form 10/4/2012	Telephone number of authorized officer: (549) 626-7111.	Title or position of authorized officer President	Printed name of authorized officer Leon A. Law	Signature of authorized officer AMMAM. Date	Name of Reporting Carrier Permbroke Telephone Copperative	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f).	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery
	10/4/2012				Date		orting carrier on this fon to receive the CAF ICC su	for CAF/ICC Reco

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: SCOTT COUNTY COOP Digitally signed by Daniel Odom DN:cn=Daniel **Daniel Odom** Odom,email=dano@sctc.org,O=scott county coop,I=Gate City VA 24251, Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: **Daniel Odom** Title or position of Authorized Officer or employee: **Chief Financial Officer** Telephone number of Authorized Officer or employee: 276-452-7224 Filing Due Date for this form Study Area Code of Reporting Carrier 190248 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Printed name of authorized officer Walts Lawy Chinox Title or position of authorized officer Senior Vice President - Legal and Regulatory Affairs Title or position of authorized officer (540) 9.46-86, 6.4. Telephone number of authorized officer: (540) 9.46-86, 6.4. Telephone number of authorized officer: (540) 9.46-86, 6.4. Filing Due Date for this form 10/4/2012 10/4/20	Name of Reporting Carrier Lumos Telephone of Botetourt Inc. Signature of authorized officer Many McDermott Date 9/26/2012	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery
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Noco Acconomy 40 584 5251	() - (ext.)	Study Area Code of Reporting Carrier
Total I	5	relephone number of authorized officer:
Date:	Direct Acia	lille or position of authorized officer
	THOMAS ROCA	Printed name of authorized officer
110.0	Hapon Rees	Signature of authorized officer
Telephone Company	Shegarlood Telep	Name of Reporting Carrier
complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	§51.917(d) and Access Recovery Charge §51.917(e) a	to §51.917(f).
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has	reporting carrier and that, to the best of my knowle	I certify that I am an officer of th
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	tion of Officer for Rate-of-Return Carrie	Certifica

Telephone number of authorized officer: () ext. SH 0 SFY STSS Study Area Code of Reporting Carrier (19775) Filing Due Date for this form 10/4/2012	The Res	Title or position of authorized officer Datest The property of authorized officer The property of authorized officer of the property of the	Name of Reporting Carrier SIXWING OF Ait TELEPHYNE COMPANY - NINTH REPUET	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502,	Study Area Code of Reporting Carrier 200256 Filing Due Date for this form 10/4/2012	Telephone number of authorized officer: (724) 283-0925	Title or position of authorized officer Controller	Printed name of authorized disear James W. Ranko	Signature of authorized officer Ammed M Rad Date 09/27/12	Name of Reporting Carrier Armstrong Telephone Company -WEST VIRGINIA	complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	the report of the reporting carrier and that to the heat of mu knowledge, the reporting carrier on this form certifies that it has	Certification of Officer for Nate-of-Neturn Carner Engineery for Carner Necessary	The state of the s
1934, 47 U.S.C. §§ 502,					27/12		equested pursuant	les that it has		

				Domana willie. the making following
	10/4/2012	Filing Due Date for this form (mm/dd/vvvv)	200257	Study Area Code of Reporting Carrier
			304) 567-2121	Telephone number of authorized officer: (304) 567-2121
		ectors	sident, Board of Dire	Title or position of authorized officer President, Board of Directors
			'Sonny" O'Neil	Printed name of authorized officer Ivan "Sonny" O'Neil
09-26-2012	Date	orleif	in "Sonny"	Signature of authorized officer "Wan" "Sonny" "Me't
		elephone, Inc.	ob Seneca Rocks T	Name of Reporting Carrier Spruce Knob Seneca Rocks Telephone, Inc.
				to §51.917(f).
m certifies that it has port requested pursuant	g carrier on this forn eive the CAF ICC sup	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant	reporting carrier and that, to 1.917(d) and Access Recover	I certify that I am an officer of the complied with Eligible Recovery §5
very	CAF/ICC Reco	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	on of Officer for Rate-	Certificati

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: WAR TEL LLC Digitally signed by Dennis Andrews DN:cn=Dennis **Dennis Andrews** Andrews,email=dennis@otelcotel.com,O=war tel llc,I= Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: **Dennis Andrews** Title or position of Authorized Officer or employee: Sr Vice President Telephone number of Authorized Officer or employee: 256-586-1420 Filing Due Date for this form Study Area Code of Reporting Carrier 200258 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: HARDY TELECOM Digitally signed by Scott Sherman DN:cn=Scott **Scott Sherman** Sherman,email=ssherman@hardynet.com,O=hardy telecom,l= , Date:9/24/2012 Signature of Authorized Officer or employee: Date: 9/24/2012 Printed name of Authorized Officer or employee: Scott Sherman Title or position of Authorized Officer or employee: General Manager & CEO Telephone number of Authorized Officer or employee: 304-897-9911 Filing Due Date for this form Study Area Code of Reporting Carrier 200259 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier Armstrong Telephone Company -NORTHERN DIVISION Signature of authorized officer James W. Ranko Printed name of authorized officer Controller Tille or position of authorized officer. (724) 283-0925 Telephone number of authorized officer. (724) 283-0925 Telephone number of authorized officer. (724) 283-0925 Telephone Telephone Code of Reporting Carrier 200267 Telephone Telephone Code of Reporting Carrier 200267 Telephone Telephone Code of Reporting Carrier 200267	Act of 1934, 47 U.S.C. §§ 502,	e Communications	can be punished by fine or forfeiture under the	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502,
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that It has compiled with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier Armstrong Telephone Company -NORTHERN DIVISION Signature of authorized officer James W. Ranko Title or position of authorized officer Controller Title or position of authorized officer. (724) 283-0925		10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that It has compiled with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier Armstrong Telephone Company -NORTHERN DIVISION Signature of authorized officer Harves M. Ranko Printed name of authorized officer Controller Controller			25	Telephone number of authorized officer: (724) 283-092
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier. Armstrong Telephone Company -NORTHERN DIVISION Signature of authorized officer James W. Ranko				Title or position of authorized officer Controller
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that It has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier Armstrong Telephone Company -NORTHERN DIVISION Bate 09/27/12			2 T T T T T T T T T T T T T T T T T T T	Printed name of authorized bricer James W. Ranko
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier Armstrong Telephone Company -NORTHERN DIVISION	09/27/12	Date	MM	V
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			ompany -NORTHERN DIVISION	Name of Reporting Carrier Armstrong Telephone C
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §53.917(d) and Access Recovery Charge §53.917(e) and is eligible to receive the CAF ICC support requested pursuant				to §51.917(f).
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	m certifies that it has pport requested pursuant	g carrier on this forr	d that, to the best of my knowledge, the reporting Recovery Charge §51.917(e) and is eligible to reco	I certify that I am an officer of the reporting carrier and complied with Eligible Recovery §51.917(d) and Access
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
	very	CAF/ICC Reco	r Rate-of-Return Carrier Eligibility for	Certification of Officer for

form can be punished by fine or forfeiture under the C risonment under Title 18 of the United States Code, 18	200277 Filing Due Date for this form 10/4/2012	Telephone number of authorized officer. (304) 983-8642	Tille or position of authorized officer V.P. Operations, General Manager	icer Jo	Signature of authorized officer 49Mc/1 Klllture Date September 27 2012	Name of Reporting Carrier West Side Tel- WV	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	
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Act of 1934, 47 U.S.C. §§ 502,	e Communications	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502,	ements on this form can be	Persons willfully making false state
	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	210331	Study Area Code of Reporting Carrier
			772) 597-3767	Telephone number of authorized officer: (772) 597-3767
			e President/CFO	Title or position of authorized officer Vice President/CFO
			Don Pittman	Printed name of authorized officer (Don
09/25/2012	Date		ortilinan	Signature of authorized officer
		stems, Inc.	ITS Telecommunications Systems, Inc.	Name of Reporting Carrier ITS Telec
				to §51.917(f).
m certifies that it has poort requested pursuant	ng carrier on this forn ceive the CAF ICC sup	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant	reporting carrier and that, to \$1.917(d) and Access Recover	I certify that I am an officer of the complied with Eligible Recovery §
учегу	r CAF/ICC Reco	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	on of Officer for Rate-	Certificati

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: NORTHEAST FLORIDA Digitally signed by Deborah Nobles DN:cn=Deborah **Deborah Nobles** Nobles,email=dnobles@townes.net,O=northeast florida,l= Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Deborah Nobles Title or position of Authorized Officer or employee: **VP Regulatory Affairs** Telephone number of Authorized Officer or employee: 904-688-0029 Filing Due Date for this form Study Area Code of Reporting Carrier 210335 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: GTC, INC. Digitally signed by Michael Skrivan DN:cn=Michael Michael Skrivan Skrivan,email=mskrivan@fairpoint.com,O=qtc, inc.,l=, Date:9/28/2012 Signature of Authorized Officer or employee: Date: 9/28/2012 Printed name of Authorized Officer or employee: Michael Skrivan Title or position of Authorized Officer or employee: Vice-President Regulatory Telephone number of Authorized Officer or employee: 207-535-4150 Filing Due Date for this form Study Area Code of Reporting Carrier 210339 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED

Act of 1934, 47 U.S.C. §§ 502,	e Communications A , 18 U.S.C. § 1001.	e statements on this form can be punished by fine or forfeiture under the Communications 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	Persons willfully mai
	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	ng Carrier 220324	Study Area Code of Reporting Carrier
			Telephone number of authorized officer: (706) 645-8752.	Telephone number of author
			Title or position of authorized officer Chief Financial Officer	Title or position of authorized
			officer Todd Holt	Printed name of authorized officer Todd Holt
9/25/12	Date		Signature of authorized officer M. 7.00)[cg]	Signature of authorized office
			Name of Reporting Carrier Valley Telephone Co., LLC	Name of Reporting Carrier
n certifies that it has port requested pursuant	ng carrier on this form ceive the CAF ICC sup	to the best of my knowledge, the reporting Charge §51.917(e) and is eligible to re	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifles that it has compiled with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	I certify that I am ar compiled with Eligit to §51.917(f).
чегу	r CAF/ICC Recov	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	Certification of Officer for Rate	

act of 1934, 47 U.S.C. §§ 502,	e Communications A	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502,	ng false statements on this form ca	Persons willfully making
	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	220344	itudy Area Code of Reporting Carrier
			elephone number of authorized officer. (912) 632-8603	elephone number of authorize
			Micer PRESIDENT	itle or position of authorized officer PRESIDENT
			finited name of authorized officer KEVIN K. BROOKS	rinted name of authorized offi
09-26-2012	Date	Brown 2	X XC	signature of authorized officer
		INC.	dame of Reporting Carrier ALMA TELEPHONE CO., INC.	lame of Reporting Carrier AL
port requested pursuant	ceive the CAF ICC sup	complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	Recovery §51.917(d) and Access RR	complied with Eligible to §51.917(f).
r certifies that it has	g carrier on this form	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has	fficer of the reporting carrier and th	I certify that I am an o
very	CAF/ICC Recov	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	Certification of Officer for F	
		S TO SECTION OF THE S		

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: **BRANTLEY TEL CO** Digitally signed by Donovan Strickland DN:cn=Donovan **Donovan Strickland** Strickland,email=donos@btconline.net,O=brantley tel co,l=Nahunta GA 31553, Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Donovan Strickland Title or position of Authorized Officer or employee: Vice President/General Manager Telephone number of Authorized Officer or employee: 912-462-5111 Filing Due Date for this form Study Area Code of Reporting Carrier 220347 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: **BULLOCH COUNTY RURAL** Digitally signed by Dennis Le=is DN:cn, Dennis **Dennis Lewis** Le=is@mail, dle=isw bulloch.net@, bulloch county rural@ @ Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: **Dennis Lewis** Title or position of Authorized Officer or employee: General Manager/COO Telephone number of Authorized Officer or employee: 912-865-1100 Filing Due Date for this form Study Area Code of Reporting Carrier 220348 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: CHICKAMAUGA TEL CORP Digitally signed by Charles Fail DN:cn=Charles **Charles Fail** Fail,email=charlief@nexband.com,O=chickamauga tel corp,I=Bay Springs MS 39422, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Charles Fail Title or position of Authorized Officer or employee: President Telephone number of Authorized Officer or employee: 601-764-3463 Filing Due Date for this form Study Area Code of Reporting Carrier 220354 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

ommunications Act of 1934, 47 U.S.C. §§ 502, 7 U.S.C. § 1001.	Persons willfully making false stalements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. § 502, 500 South Stales Code, 18 U.S.C. § 1001.	Persons willfully m
10/4/2012	220355 Friing Due Dale for this form	Study Area Code of Reporting Carrier
All which the filler and decreases the course of the delivery of the course of t	orized officer: 229-874-4145	Telephone number of authorized officer:
	ed officer General Manager	Tille or position of authorized officer
	officer S. Chad Ledger	Printed name of authorized officer
Dale 9/27/12		Signature of authorized officer
_	Citizens Telephone Company, Inc.	Name of Reporting Carrier
arrier on this form certifies that it has e the CAF ICC support requested pursuant	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	I certify that I am s complied with Elig to \$51.917(f).
AF/ICC Recovery	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	

Person	Study Area Co	Telephone nu	Title or position	Printed name	Signature of a	Name of Repo	l certi comp to §5	
Persons willfully making false statements on this form can be punished by fine or forfellure under the Communications Act of 1934, 47 U.S.C. §§ 502, 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	Study Area Code of Reporting Carrier	Telephone number of authorized officer. (912) 437-4111	Title or position of authorized officer Vice President	Printed name of authorized officer Reginald V. Jackson	Signature of authorized officer Received 1 1 Jacobs 2014	Name of Reporting Carrier Darien Telephone Company	l certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	C
false stateme 503(b), or		officer: (912	cer Vice P	, Reginal	Recion	ien Telepl	icer of the repo	ertification
nts on this form fine or impriso	220358) 437-411	resident	V. Jackšo	07 Pr	none Comp	orting carrier and Access	of Officer fo
n can be punisi nment under T		عد		on	Svacar	pany	s Recovery Chai	r Rate-of-Ru
hed by fine or fo Title 18 of the Ur	Filing Due Date for this form (mm/dd/yyyy)						ge §51.917(e) a	eturn Carrle
e statements on this form can be punished by fine or forfellure under the Communications 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1901.	for this form			:			edge, the report nd is eligible to n	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery
he Communica le, 18 U.S.C. § 1	10/4/2012				Date		eceive the CAF	or CAF/ICC I
flons Act of 19	12						ils form certifi CC support rev	Recovery
934, 47 U.S.C.					09/25/2012		es that it has quested pursua	
§§ 502,							īt.	

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: **ELLIJAY TEL CO** Digitally signed by Darrell Harper DN:cn=Darrell **Darrell Harper** Harper,email=darrellh@ellijay.com,O=ellijay tel co,I= Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Darrell Harper Title or position of Authorized Officer or employee: Assistant Vice President Telephone number of Authorized Officer or employee: 706-697-5519 Filing Due Date for this form Study Area Code of Reporting Carrier 220360 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: **GLENWOOD TEL CO** Digitally signed by Janice O'Brien DN:cn=Janice Janice O'Brien O'Brien,email=jeogtc@glenwoodtelephone.com,O=glenwoo d tel co,I=Glenwood GA 30428-0235, Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Janice O'Brien Title or position of Authorized Officer or employee: President Telephone number of Authorized Officer or employee: 912-523-5111 Filing Due Date for this form Study Area Code of Reporting Carrier 220365 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: HART TEL CO Digitally signed by Randy Daniel DN:cn=Randy **Randy Daniel** Daniel,email=randy@hartcom.net,O=hart tel co,I=Hartwell GA 30643, Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Randy Daniel Title or position of Authorized Officer or employee: President Telephone number of Authorized Officer or employee: 706-376-4701 Filing Due Date for this form Study Area Code of Reporting Carrier 220368 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	ery
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this boxes certifies that it has compiled with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF RCC support requested pursuases to \$51.917(f).	certifies that it has eart requested pussuant
lame of Reporting Carrier ComSouth Telecommunications, Inc.	
ignature of authorized officer	9928/2912
rinted name of authorized officer Scott C. Obert-Thorn	
ille or position of authorized officer Chief Financial Officer	
elephone number of authorized officer: (478) 783-4003	
tudy Area Code of Reporting Carrier 220369 Filing Due Date for this form 10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1864, 47 U.S.C. § 882, 502(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1691.	
	JOSEPH PROPERTY PROPERTY AND PROPERTY PROPERTY FOR THE PROPERTY PR

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: PEMBROKE TEL CO Digitally signed by Mary Anna Hite DN:cn=Mary Anna **Mary Anna Hite** Hite,email=mahite@pemtelco.com,O=pembroke tel co,I=Pembroke GA 31321, Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Mary Anna Hite Title or position of Authorized Officer or employee: Secretary-Treasurer/General Manager Telephone number of Authorized Officer or employee: 912-653-4389 Filing Due Date for this form Study Area Code of Reporting Carrier 220376 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: PINELAND TEL COOP Digitally signed by Linda Wallace DN:cn=Linda **Linda Wallace** Wallace,email=lwallace@pinelandtelco.com,O=pineland tel coop,I=Metter GA 30439, Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Linda Wallace Title or position of Authorized Officer or employee: Director of Bus & Fin Operations Telephone number of Authorized Officer or employee: 912-685-2121 Filing Due Date for this form Study Area Code of Reporting Carrier 220377 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: PLANTERS RURAL COOP Digitally signed by John Lacienski DN:cn=John John Lacienski Lacienski,email=jclacien@planters.net,O=planters rural coop,I=Newington GA 30446, Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: John Lacienski Title or position of Authorized Officer or employee: President Telephone number of Authorized Officer or employee: 912-857-4411 Filing Due Date for this form Study Area Code of Reporting Carrier 220378 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

elephone number of authorized officer: (229) 528-47, 74. Elling Due Date for this form 10/4/2012	rinted name of authorized officer	ignature of authorized officer 18-48-49 Date 9/25/2012	lame of Reporting Carrier PLANT TELEPHONE COMPANY	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery
	Telephone number of authorized officer: (229) 528-4767. Study Area Code of Reporting Carrier 220379 Filing Due Date for this form 10/4/2012	Printed name of authorized officer SANNY E. STERLING Title or position of authorized officer PRESIDENT & GENERAL MANAGER Telephone number of authorized officer: (229) 528-47 G. Filing Due Date for this form Study Area Code of Reporting Carrier 220379 Commiddlyyyyy 10/4/2012 10/4/201	Signature of authorized officer DANNY E. STERLING Printed name of authorized officer PRESIDENT & GENERAL MANAGER Title or position of authorized officer PRESIDENT & GENERAL MANAGER Telephone number of authorized officer: (229) 528-47 GZ. Filing Due Date for this form 10/4/2012	Name of Reporting Carrier PLANT TELEPHONE COMPANY Signature of authorized officer Date 9/25/2012 Printed name of authorized officer DANNY E. STERLING Title or position of authorized officer PRESIDENT & GENERAL MANAGER Telephone number of authorized officer: (229) 528-47 G. Filing Due Date for this form Study Area Code of Reporting Carrier 220379 Filing Due Date for this form 10/4/2012	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifles that it has complied with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Vame of Reporting Carrier PLANT TELEPHONE COMPANY

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: PROGRESSIVE RURAL Digitally signed by Wayne Dixon DN:cn=Wayne **Wayne Dixon** Dixon,email=swdixon@progressivetel.com,O=progressive rural,I=Rentz GA 31075, Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: Wayne Dixon Title or position of Authorized Officer or employee: General Manager Telephone number of Authorized Officer or employee: 478-984-4201 Filing Due Date for this form Study Area Code of Reporting Carrier 220380 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Study Area Code of Reporting Carrier 220381	Telephone number of authorized officer: 478,8474111, ext. 6520	Title or position of authorized officer. President	Printed name of authorized officer James L. Bond	Signature of authorized officey	Name of Reporting Carrier Public Service		tertify that I am an officer of the reporting carried complied with Eligible Recovery §51.917(d) and Acto §51.917(f).	Certification of Officer
Filing Due Date for this form (mm/dd/yyyy)	11, ext. 6520		9	7	ublic Service Felephone Company	4	I certify that I am an orticer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery
10/4/2012				Date			eceive the CAF ICC su	or CAF/ICC Reco
				September 27, 2012			pport requested pursuant	overy

Act of 1934, 47 U.S.C. §§ 502,	e Communications	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502,	ments on this form can be	Persons willfully making false state
	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	220382	Study Area Code of Reporting Camer
		55	796-965ex125	Telephone number of authorized officer: (706-965ex.1255
			F.O.	Title or position of authorized officer $ C . F . O . $
			K. Dukes	Printed name of authorized officerLisa K. Dukes
9/26/2012	Date	2	- Kar	Signature of authorized officer
		æ)Company	LD Telephor	Name of Reporting Carrier RINGGOLD Telephone Company
n certifies that it has port requested pursuant	ng carrier on this forr ceive the CAF ICC sup	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that It has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	reporting carrier and that, to 1.917(d) and Access Recove	I certify that I am an officer of the complied with Eligible Recovery §5 to §51.917(f).
very	CAF/ICC Reco	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	on of Officer for Rate	Certification

Act of 1934, 47 U.S.C. §§ 502,	e Communications / , 18 U.S.C. § 1001.	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	atements on this form can be (b), or fine or imprisonment u	Persons willfully making false sta 503
	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	220389	Study Area Code of Reporting Carrier
			(706) 657-4367	Telephone number of authorized officer: (706) 657-4367
			ce President	Title or position of authorized officer Vice President
			ven W. Tatum	Printed name of authorized officer Steven W. Tatum
09/27/2012	Date	Totum	wen w.	Signature of authorized officer
			Telephone Co	Name of Reporting Carrier Trenton Telephone Co
m certifies that it has pport requested pursuant	ing carrier on this for sceive the CAF ICC su	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	ie reporting carrier and that, t §51.917(d) and Access Recove	I certify that I am an officer of the complied with Eligible Recovery to §51.917(f).
very	or CAF/ICC Reco	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	tion of Officer for Rate	Certifica

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: WAVERLY HALL, LLC Digitally signed by Robert Jones DN:cn=Robert **Robert Jones** Jones,email=rjones@wavetel.us,O=waverly hall, llc,I=Waverly Hall GA 31831, Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: **Robert Jones** Title or position of Authorized Officer or employee: General Manager Telephone number of Authorized Officer or employee: 706-582-3333 Filing Due Date for this form Study Area Code of Reporting Carrier 220392 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: WILKES TEL & ELC CO Digitally signed by George Dyson DN:cn=George **George Dyson** Dyson,email=gad@nu-z.net,O=wilkes tel & elc co,I=Washington GA 30673, Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: George Dyson Title or position of Authorized Officer or employee: President/Owner Telephone number of Authorized Officer or employee: 706-678-9544 Filing Due Date for this form Study Area Code of Reporting Carrier 220394 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Study Area Code of Reporting Carrier 230478 Filing Due Date for this form 10/4/2012 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502,	Telephone number of authorized officer: (919) 652-2221	Title or position of authorized officer Vice President	Printed name of authorized officer Herbert Long, Jr. 0	Signature of authorized officer the best line 9/27/1:	Name of Reporting Carrier Ellerbe Telephone Company	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery
ns Act of 1934, 47 U.S.C. §§ 5			The state of the s	9/27/12	A LANGE OF THE PARTY OF THE PAR	orm certifies that it has support requested pursuant	covery

Act of 1934, 47 U.S.C. §§ 502,	e Communications	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502,	atements on this form can be	Persons willfully making false st
	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	230491	Study Area Code of Reporting Carrier
			(336) 886-3628	Telephone number of authorized officer: (336) 886-3628
		ate Administration	e President - Corpor	Title or position of authorized officer Vice President - Corporate Administration
			James D. McCarson	Printed name of authorized officer Jan
09/26/12	Date	1	Jum D. Milara	Signature of authorized officer
	nunications	Name of Reporting Carrier North State Telephone Company d/b/a North State Communications	te Telephone Compa	Name of Reporting Carrier North Sta
m certifies that it has pport requested pursuant	ng carrier on this forr ceive the CAF ICC sup	Leartify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	e reporting carrier and that, to §51.917(d) and Access Recover	I certify that I am an officer of the complied with Eligible Recovery to §51.917(f).
эчегу	CAF/ICC Reco	Certification of Officer for Nate-of-Neturn Carrier Eligibility for CAP/ICC Recovery	non of Officer for Nate-	Ceruiica
			tion of Officer for Date	

Act of 1934, 47 U.S.C. §§ 502,	e Communications A , 18 U.S.C. § 1001.	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	statements on this form can be	Persons willfully making false s
	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	230494	Study Area Code of Reporting Carrier
		C	704889 200 lext.	relephone number of authorized officer: 704)811 200 lext.
		Managek	General Ma	litle or position of authorized officer
		Creech	Gary W. C.	rinted name of authorized officer
09-25-12	Date	eech !	Der Da	Signature of authorized officer
		Tolephony Company	CVILL TCICD	Name of Reporting Carrier Pin
port requested pursuant	ceive the CAF ICC sub	to §51.917(f).	A SOTTOTAL OF BUILDING ACCESS MECOAR	to §51.917(f).
n certifies that it has	ng carrier on this form	certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has	the reporting carrier and that, to	I certify that I am an officer of
very	r CAF/ICC Recov	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	ation of Officer for Rate	Certific

Act of 1934, 47 U.S.C. §§ 502,	Communications . 18 U.S.C. § 1001.	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 502, 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	(atements on this form 3(b), or fine or imprison	Persons willfully making false st 503
	10/4/2012	Filing Due Date for this form	230496	Study Area Code of Reporting Carrier
		The state of the s	(336) 622-7924	Telephone number of authorized officer: (336) 622-7924
			esident	Title or position of authorized officer President
	9		iam J. Allen	Printed name of authorized officer William J. Allen
09/25/2012	Date	C/ Clille	Willer	Signature of authorized officer
		mbership Corporation	า Telephone Me	Name of Reporting Carrier Randolph Telephone Membership Corporation
pport requested pursuant	eive the CAF ICC sup	complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and Is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	951.917(d) and Access	complied with Eligible Recovery to §51.917(f).
m certifies that it has	g carrier on this form	certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has	te reporting carrier and	I certify that I am an officer of the
very	CAF/ICC Reco	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	tion of Officer for	Certifica

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: SURRY MEMBERSHIP Digitally signed by Curtis Taylor DN:cn=Curtis **Curtis Taylor** Taylor,email=ctaylor@surry.net,O=surry membership,I=Dobson NC 27017, Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: **Curtis Taylor** Title or position of Authorized Officer or employee: CEO Telephone number of Authorized Officer or employee: 336-374-4535 Filing Due Date for this form Study Area Code of Reporting Carrier 230497 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: STAR MEMBERSHIP CORP Digitally signed by Lyman Horne DN:cn=Lyman **Lyman Horne** Horne,email=Imhorne@stmc.net,O=star membership corp,I=Clinton NC 28328, Date:9/24/2012 Signature of Authorized Officer or employee: Date: 9/24/2012 Printed name of Authorized Officer or employee: Lyman Horne Title or position of Authorized Officer or employee: **EVP & General Manager** Telephone number of Authorized Officer or employee: 910-564-7827 Filing Due Date for this form Study Area Code of Reporting Carrier 230502 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: SURRY MEMBERSHIP Digitally signed by Curtis Taylor DN:cn=Curtis **Curtis Taylor** Taylor,email=ctaylor@surry.net,O=surry membership,I=Dobson NC 27017, Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: **Curtis Taylor** Title or position of Authorized Officer or employee: CEO Telephone number of Authorized Officer or employee: 336-374-4535 Filing Due Date for this form Study Area Code of Reporting Carrier 230503 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier, TriCounty Telephone Membership Corp Signature of authorized officer Gregory & Coltrain Printed name of authorized officer CEO/General Manager Telephone number of authorized officer. (252) 964-8000 Telephone number of authorized officer. (252) 964-8000 Filing Due Date for this form 10/4/2012	act of 1934, 47 U.S.C. §§ 502,	e Communications A	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502.	statements on this form can be	Persons willfully making false s
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier TriCounty Telephone Membership Corp Signature of authorized officer Gregory S Coltrain Title or position of authorized officer CEO/General Manager Telephone number of authorized officer (252) 964-8000		10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	230505	Study Area Code of Reporting Carrier
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier TriCounty Telephone Membership Corp Signature of authorized officer Gregory S Colitrain Date 09/25/12				(252) 964-8000	Telephone number of authorized officer
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carner TriCounty Telephone Membership Corp Signature of authorized officer				egory S Coltrain	Printed name of authorized officer Gr
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier TriCounty Telephone Membership Corp	09/25/12	Date	Man	report lo	Signature of authorized officer A
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			rship Corp	ty Telephone Membe	Name of Reporting Carrier TriCoun
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	n certifies that it has port requested pursuant	ng carrier on this form ceive the CAF ICC sup	to the best of my knowledge, the reporti ery Charge §51.917(e) and is eligible to re	the reporting carrier and that, I Y §51.917(d) and Access Recov	I certify that I am an officer of complied with Eligible Recover to §51.917(f).
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
	very	r CAF/ICC Reco	e-of-Return Carrier Eligibility fo	ation of Officer for Rate	Certific

Persons willfully making false sta	Study Area Code of Reporting Carrier	Telephone number of authorized officer: (336) 973-3103	Title or position of authorized officer Ch	Printed name of authorized officer Eric S. Cramer	Signature of authorized officer	Name of Reporting Carrier Wilkes Telephone Membership Corporation	See Annual See	complied with Eligible Recovery	Certificat
e statements on this form can be punished by fine or forfeiture under the Communication	230510	(336) 973-3103	Chief Executive Officer	S. Cramer		dephone Member		e reporting carrier and tha §51.917(d) and Access Rec	tion of Officer for Ra
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502	Filing Due Date for this form (mm/dd/yyyy)	arrannessaurcha pro-	cer			ship Corporation		certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant as careful.	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery
re Communications	10/4/2012				Date			ng carrier on this for sceive the CAF ICC su	r CAFIICC Rec
Act of 1934, 47 U.S.C. §§ 592		informischtenmintetelministeriensche Onminische Antonische Aussische Aussische Aussische Aussische Aussische A			Sept. 26, 2012			rm certifies that it has ipport requested pursuant	overy

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: PALMETTO RURAL COOP Digitally signed by Dewaine Wilson DN:cn=Dewaine **Dewaine Wilson** Wilson,email=dewaine.wilson@prtc.coop,O=palmetto rural coop,I= , Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: **Dewaine Wilson** Title or position of Authorized Officer or employee: Controller Telephone number of Authorized Officer or employee: 843 538-9382 Filing Due Date for this form Study Area Code of Reporting Carrier 240536 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Date 4.24.12	-3.1. Filing Due Date for this form (mm/dd/yyyy)	the state of the s	
	8x1	Reporting Carrier 240538	Study Area Code of Reporting Carrier
		Telephone number of authorized officer: (864) 682-3131.	Telephone number o
	e Officer	uthorized officer Chief Executive Officer	Title or position of authorized officer
	/	Printed name of authorized officer Randal J. Odom	Printed name of auth
	Lyon	zed officer DC	Signature of authorized officer
	hone Cooperative, Incy	Name of Reporting Carrier Piedmont Rungl Telephone Cooperative, Inc.	Name of Reporting C
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	and that, to the best of my knowledge, the less Recovery Charge §51.917(e) and is eligib	t I am an officer of the reporting carrier ith Eligible Recovery §51.917(d) and Acc f).	I certify that I complied with to §51.917(f).
for CAF/ICC Recovery	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	Certification of Officer	

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: PBT TELECOM, INC. Digitally signed by L=Spearman DN:cn, L= Spearman@mail, bspearman. pbttel=net@, pbt telecom@ L. Spearman inc=@ @Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: L. Spearman Title or position of Authorized Officer or employee: **Director of Business Development** Telephone number of Authorized Officer or employee: 803-894-1104 Filing Due Date for this form Study Area Code of Reporting Carrier 240539 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

Name of Reporting Carrier Sandhill Telephone Cooperative, Inc. Signature of authorized officer Lee Chambers Title or position of authorized officer (843) 658-6378. Telephone number of authorized officer. (843) 658-6378. Study Area Code of Reporting Carrier 240546 Filing Due Date for this form 10/4/2012	er for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery that, to the best of my knowledge, the reporting carrier on this form the case \$51.917(e) and is eligible to receive the CAF ICC suppose that the case of the c	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant lofficer Comparison of Officer Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant lofficer Capture	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502,	Communication			
Date 1378	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §\$1.917(d) and Access Recovery Charge \$\$1.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$\$1.917(f). Name of Reporting Carrier Sandhill Telephone Cooperative, Inc. Signature of authorized officer Lee Chambers Title or position of authorized officer: (843) 658-6328. Telephone number of authorized officer: (843) 658-6328.	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant lofficer Carrier Sandhill Telephone Cooperative, Inc. Date 9/25/2012		10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	240546	Study Area Code of Reporting Carrier
Mandena Date	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier Sandhill Telephone Cooperative, Inc. Signature of authorized officer Lee Chambers Title or position of authorized officer CEO/Manager Title or position of authorized officer CEO/Manager	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has eligible Recovery §51.917(a) and Access Recovery Charge §51.917(a) and is eligible to receive the CAF ICC support requested pursuant officer April Ap				(843) 658-6379	Telephone number of authorized officer
homilier Date	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier Sandhill Telephone Cooperative, Inc. Signature of authorized officer Lee Chambers Date 9/25/2012	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has Eligible Recovery §51.917(a) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant riter Sandhill Telephone Cooperative, Inc. Tofficer Lee Chambers				EO/Manager	Title or position of authorized officer C
Date	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier Sandhill Telephone Cooperative, Inc. Signature of authorized officer Adam Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant rier Sandhill Telephone Cooperative, Inc. Date 9/25/2012				e Chambers	Printed name of authorized officer Let
Name of Reporting Carrier Sandhill Telephone Cooperative, Inc.	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier Sandhill Telephone Cooperative, Inc.	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant Sandhill Telephone Cooperative, Inc.	9/25/2012	Date	Care Care	1 de Chamb	Signature of authorized officer
	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant			ive, Inc.	Telephone Cooperati	Name of Reporting Carrier Sandhill
	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	apport requested pursuant	ceive the CAF ICC s	ry Charge \$51.917(e) and is eligible to re	y 951.917(d) and Access Recove	to §51.917(f).
to §51.917(f).	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	rm certifies that it has	ng carrier on this fo	a the best of my knowledge, the report	the reporting carrier and that, to	I certify that I am an officer of
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).							
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery Certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier West Carolina Rural Telephone Cooperative, Inc. Signature of authorized officer David J. Herron	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier West Carollina Rural Telephone Cooperative, Inc. Signature of authorized officer David J. Herron Title or position of authorized officer CEO Telephone number of authorized officer (864) 446-2111 Filing Due Date for this form 10/4/2012 Study Avea Code of Reporting Carrier 240550 Filing Due Date for this form 10/4/2012					
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier West Carollina Rural Telephone Cooperative, Inc. Signature of authorized officer David J. Herron Title or position of authorized officer. (864) 446-2114. Telephone number of authorized officer. (864) 446-2114.	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier West Carollina Rural Telephone Cooperative, Inc. Signature of authorized officer David J. Herron Title or position of authorized officer. (864) 446-21, 64. Telephone number of authorized officer. (864) 446-21, 64.		10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	240550	Study Area Code of Reporting Carrier
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Value of Reporting Carrier West Carolina Rural Telephone Cooperative, Inc. Date 09/28/2012 Date 09/28/2012	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier West Carolina Rural Telephone Cooperative, Inc. Signature of authorized officer David J. Herron Date 09/28/2012				(864) 446-2111	Telephone number of authorized officer.
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier West Carolina Rural Telephone Cooperative, Inc. Date 09/28/2012	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier West Carolina Rural Telephone Cooperative, Inc. Date 09/28/2012				d J. Herron	Printed name of authorized officer Davi
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier West Carolina Rural Telephone Cooperative, Inc.	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier West Carolina Rural Telephone Cooperative, Inc.	09/28/2012	Date		2	Signature of authorized officer
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			e Cooperative, Inc.	olina Rural Telephon	Name of Reporting Carrier West Carr
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has	on a physical box and in	COME HIS PART THE SHAPE	A chillist father the A section of the Assessment A children	27-27/fr) and wrees verokel	to §51.917(f).
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	certifies that it has	ng carrier on this form	the best of my knowledge, the reporti	reporting carrier and that, to	I certify that I am an officer of the
		егу	r CAF/ICC Recov	of-Return Carrier Eligibility fo	ion of Officer for Rate-c	Certificat

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: **BLOUNTSVILLE TEL LLC** Digitally signed by Dennis Andrews DN:cn=Dennis **Dennis Andrews** Andrews,email=dennis@otelcotel.com,O=blountsville tel Ilc,I= , Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: **Dennis Andrews** Title or position of Authorized Officer or employee: Sr Vice President Telephone number of Authorized Officer or employee: 256-586-1420 Filing Due Date for this form Study Area Code of Reporting Carrier 250282 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: **BRINDLEE MOUNTAIN** Digitally signed by Dennis Andrews DN:cn=Dennis **Dennis Andrews** Andrews,email=dennis@otelcotel.com,O=brindlee mountain,I= , Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: **Dennis Andrews** Title or position of Authorized Officer or employee: Sr Vice President Telephone number of Authorized Officer or employee: 256-586-1420 Filing Due Date for this form Study Area Code of Reporting Carrier 250283 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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Parsons willfully making	Study Area Code of Reporting Carrier	Telephone number of authorized	Title or position of authorized officer	Printed name of authorized office	Signature of authorized officer	Name of Reporting Cerrier	Ce reartify that I am an office complied with Eligible Re to §51.917(f).
ise statements on this form can be punial 803(b), or fine or imprisonment under T	ar 250285	Telephone number of Buthorized office (251) 966-2/15	Sec/Trans	Printed name of authorized officer Homer + Holland	glaman Halland	Name of Reporting Carrier Cas Heberry Telephone	iffication of Officer for Rate-of-Re r of the reporting carrier and that, to the be overy 551.917(d) and Access Recovery Char
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1834, 47 U.S.C. § 502, 502, 502, 502, 503, 603, 603, 603, 603, 603, 603, 603, 6	Filing Due Date for this form 10/4/2012			2	6,180	e G., Ire.	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery (certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that It has complied with Eligible Recovery 551.917(d) and Access Recovery Charge 551.917(e) and is eligible to receive the CAF ICC support requested pursuant to 551.917(f).
one Act of 1834, 47 U.S.C. §§ 502, lo1,	200	THE STATE OF THE STATE S	WANNARA		9-26-12		ecovery form certifies that it has C support requested pursuant

Act of 1934, 47 U.S.C. §§ 502,	e Communications , 18 U.S.C. § 1001.	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001,	ements on this form on the constant of the contract of the con	Persons willfully making false stat 503(t
	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	250286	Study Area Code of Reporting Carrier
	- Little Control of the Control of t	To the state of th	601) 954-9070	Telephone number of authorized officer: (601) 954-9070
	The second secon	Operations	Vice President of Operations	Title or position of authorized officer Via
			James W. Garner	Printed name of authorized office Jarr
9/26/2012	Date		(E.	Signature of authorized officer \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		Vabama, Inc.	National Telephone of Alabama, Inc.	Name of Reporting Carrier National
rm certifies that it has apport requested pursuant	ng carrier on this forceive the CAF ICC st	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	reporting carrier and 51.917(d) and Access i	I certify that I am an officer of the compiled with Eligible Recovery §: to §51.917(f).
overy	r CAF/ICC Rec	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	on of Officer for	Certificati

1ct of 1934, 47 U.S.C. §§ 502,	e Communications A , 18 U.S.C. § 1001.	e statements on this form can be punished by fine or forfeiture under the Communication. 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	this form can be puni	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 502, 503 (b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.
	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	90	Study Area Code of Reporting Carrier 250290
			8-2144	Telephone number of authorized officer: (256) 638-2144
			cial Officer	Title or position of authorized officer Chief Financial Officer
				Printed name of authorized officer Tyler Pair
09/26/2012	Date		War Pan	Signature of authorized officer
		ooperative, Inc.	munications C	Name of Reporting Carrier Farmers Telecommunications Cooperative, Inc.
n certifies that it has port requested pursuant	ng carrier on this form ceive the CAF ICC sup	best of my knowledge, the reportinarge §51.917(e) and is eligible to rev	arrier and that, to the nd Access Recovery Ch	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).
very	r CAF/ICC Reco	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	icer for Rate-of-I	Certification of Off

TO BE COMPLETED BY AN OFFI

Title or position of authorized officer: COO Telephone number of authorized officer: (334) 371-3008 Fellophone number of authorized officer: (250299 Filing Due Date for this form 10/4/2012 Study Area Code of Reporting Carrier 250299 [mm/dd/yyyy) 10/4/2012 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	Name of Reporting Carrier Haypeville Telephone Company, Inc. Signalure of authorized officer bulls Figure 1 authorized officer bulls Figure 1 authorized officer Evelyn P Causey Printed name of authorized officer Evelyn P Causey	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: HOPPER TELECOMM. LLC Digitally signed by Dennis Andrews DN:cn=Dennis **Dennis Andrews** Andrews,email=dennis@otelcotel.com,O=hopper telecomm. Ilc,I= , Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: **Dennis Andrews** Title or position of Authorized Officer or employee: Sr Vice President Telephone number of Authorized Officer or employee: 256-586-1420 Filing Due Date for this form Study Area Code of Reporting Carrier 250300 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: MILLRY TEL CO Digitally signed by Bobby Williams DN:cn=Bobby **Bobby Williams** Williams,email=bobbywilliams@millry.net,O=millry tel co,I=Millry AL 36558-0561, Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: **Bobby Williams** Title or position of Authorized Officer or employee: Vice President and Assistant Secretary Telephone number of Authorized Officer or employee: 251-846-2911 Filing Due Date for this form Study Area Code of Reporting Carrier 250304 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: MON-CRE TEL COOP Digitally signed by Linda Missildine DN:cn=Linda **Linda Missildine** Missildine,email=lfm11@mon-cre.net,O=mon-cre tel coop,I=Ramer AL 36069, Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Linda Missildine Title or position of Authorized Officer or employee: CFO Telephone number of Authorized Officer or employee: 334-562-3242 Filing Due Date for this form Study Area Code of Reporting Carrier 250305 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: MOUNDVILLE TEL CO Digitally signed by Larry Taylor DN:cn=Larry **Larry Taylor** Taylor,email=larry@mound.net,O=moundville tel co,I=Moundville AL 35474, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Larry Taylor Title or position of Authorized Officer or employee: President Telephone number of Authorized Officer or employee: 205-371-9011 Filing Due Date for this form Study Area Code of Reporting Carrier 250307 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Act of 1934, 47 U.S.C. §§ 502,	e Communications , , 18 U.S.C. § 1001.	Persons willfully making false statements on this form can be punished by fine or forfelture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	tements on this form can t b), or fine or imprisonment	Persons willfully making faise sta 503(
	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	250308	Study Area Code of Reporting Carrier
			(256) 723-4211	Telephone number of authorized officer:
Commence of the Commence of th			sident	Title or position of authorized officer President
	A. Tanamara		Glover	Printed name of authorized officer Greg Glover
4-186-1	Date		XM	Signature of authorized officer
		erative, Inc.	Telephone Coop	Name of Reporting Carrier New Hope Telephone Cooperative, Inc.
aport requested pursuant	celve the CAF ICC sup	complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	51.917(d) and Access Reco	complied with Eligible Recovery 5 to \$51.917(f).
n certifies that it has	ng carrier on this form	certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it bas	reporting carrier and that	I certify that I am an officer of the
ivery	r CAF/ICC Reco	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	ion of Officer for Rat	Certificat

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: OTELCO TELEPHONE LLC Digitally signed by Dennis Andrews DN:cn=Dennis **Dennis Andrews** Andrews,email=dennis@otelcotel.com,O=otelco telephone Ilc,I= , Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: **Dennis Andrews** Title or position of Authorized Officer or employee: Sr Vice President Telephone number of Authorized Officer or employee: 256-586-1420 Filing Due Date for this form Study Area Code of Reporting Carrier 250312 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Study Area Code of Reporting Carrier	Telephone number of authorized officer (334) 385-2106	Title or position of authorized officer President	Printed name of authorized officer John C. Nettles	Signature of authorized officer	Name of Reporting Carrier PINE BELT TEL CO	complied with Eligible Recovery §51 to §51.917(f).	I certify that I am an officer of the re	Certificatio
250315	34) 385-2106	ident	C. Nettles	1	T TEL CO	917(d) and Access Reco	porting carrier and that	n of Officer for Rai
Area Code of Reporting Carrier 250315 Filing Due Date for this form 10/4/2012			0	-// 1. 1 st		complied with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF (CC support requested pursuant to \$51.917(f).	certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery
10/4/2012				Date	3	eive the CAF ICC su	g carrier on this for	CAF/ICC Reco
				9/26/2012		pport requested pursuant	m certifies that it has	overy

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: RAGLAND TEL CO Digitally signed by Peggy Dickinson DN:cn=Peggy **Peggy Dickinson** Dickinson,email=peggydickinson@ragland.net,O=ragland tel co,I=Ragland AL 35131, Date:9/24/2012 Signature of Authorized Officer or employee: Date: 9/24/2012 Printed name of Authorized Officer or employee: Peggy Dickinson Title or position of Authorized Officer or employee: President Telephone number of Authorized Officer or employee: 205-472-2141 Filing Due Date for this form Study Area Code of Reporting Carrier 250316 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Act of 1934, 47 U.S.C. §§ 502,	e Communications, 18 U.S.C. § 1001.	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 502, 502, 503 (b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.
	10/4/2012	Study Area Code of Reporting Carrier 250317 Filing Due Date for this form
		Telephone number of authorized officer: (601) 954-9070
		Title or position of authorized officer Vice President of Operations
		Printed name of authorized officer James W. Garner
9/26/2012	Date	Signature of authorized officer
		Name of Reporting Carrier Roanoke Telephone Company, Inc.
rm certifies that it has ipport requested pursuant	ng carrier on this fo	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).
оvегу	r CAF/ICC Rec	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: UNION SPRINGS TEL CO Digitally signed by Larry Grogan DN:cn=Larry **Larry Grogan** Grogan,email=lcgrogan@ustconline.net,O=union springs tel co,I=Montgomery AL 36124-0967, Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Larry Grogan Title or position of Authorized Officer or employee: President Telephone number of Authorized Officer or employee: 334-279-8201 Filing Due Date for this form Study Area Code of Reporting Carrier 250322 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: **BALLARD RURAL COOP** Digitally signed by Harlon Parker DN:cn=Harlon **Harlon Parker** Parker,email=manager@brtc.net,O=ballard rural coop,I=La Center KY 42056-0209, Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Harlon Parker Title or position of Authorized Officer or employee: CEO/General Manager Telephone number of Authorized Officer or employee: 270-665-5186 Filing Due Date for this form Study Area Code of Reporting Carrier 260396 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Ministrative and the second se	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Tide 18 of the United States Code, 18 U.S.C. § 1001.	Study Area Code of Reporting Carrier 260398 Filing Due Date for this form 10/4/2012	retephone number of authorized officer: (270) 422-2124	itle or position of authorized officer Assistant General Manager	rinted name of authorized officer Allison Willoughby	Signature of authorized officers Addustry Date 09-24-2012	lame of Reporting Carrier Brandenburg Telephone Company, Inc.	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	
				1						

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: DUO COUNTY TEL COOP Digitally signed by Daryl Hammond DN:cn=Daryl **Daryl Hammond** Hammond,email=dhammond@duotel.com,O=duo county tel coop,I=Jamestown KY 42629, Date:9/24/2012 Signature of Authorized Officer or employee: Date: 9/24/2012 Printed name of Authorized Officer or employee: Daryl Hammond Title or position of Authorized Officer or employee: **Chief Financial Officer** Telephone number of Authorized Officer or employee: 270-343-3131 Filing Due Date for this form Study Area Code of Reporting Carrier 260401 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: FOOTHILLS RURAL COOP Digitally signed by Ruth Conley DN:cn=Ruth **Ruth Conley** Conley,email=ruthc@foothills.coop,O=foothills rural coop,I=Staffordsville KY 41256, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: **Ruth Conley** Title or position of Authorized Officer or employee: Chief Executive Officer Telephone number of Authorized Officer or employee: 606-297-9131 Filing Due Date for this form Study Area Code of Reporting Carrier 260406 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: LOGAN TEL. COOP. INC Digitally signed by Gregory Hale DN:cn=Gregory **Gregory Hale** Hale,email=ghale@loganphone.com,O=logan tel. coop. inc,I=Auburn KY 42206, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: **Gregory Hale** Title or position of Authorized Officer or employee: General Manager/Executive V.P. Telephone number of Authorized Officer or employee: 270-542-4121 Filing Due Date for this form Study Area Code of Reporting Carrier 260413 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: PEOPLES RURAL COOP Digitally signed by Keith Gabbard DN:cn=Keith **Keith Gabbard** Gabbard,email=keith.gabbard@prtc.org,O=peoples rural coop,I=McKee KY 40447, Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Keith Gabbard Title or position of Authorized Officer or employee: CEO Telephone number of Authorized Officer or employee: 606-287-7101 Filing Due Date for this form Study Area Code of Reporting Carrier 260415 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: THACKER/GRIGSBY TEL Digitally signed by William Grigsby DN:cn=William **William Grigsby** Grigsby,email=b.grigsby@tgtel.com,O=thacker/grigsby tel,I=Hindman KY 41822, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: William Grigsby Title or position of Authorized Officer or employee: Vice-President/General Manager Telephone number of Authorized Officer or employee: 606-785-9500 Filing Due Date for this form Study Area Code of Reporting Carrier 260419 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier West Kentucky Rural Telephone Cooperative Corporation, Inc KY
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier West Kentucky Rural Telephone Cooperative Corporation, Inc KY Signature of suthorized officer Determine 1
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has to \$51.917(f). Name of Reporting Carrier West Kentucky Rural Telephone Cooperative Corporation, Inc KY Signature of authorized officer Trevor Bonnstetter Trevor Bonnstetter
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has to \$51.917(f). Name of Reporting Carrier West Kentucky Rural Telephone Cooperative Corporation, Inc KY Signature of authorized officer Trevor Bonnstetter Printed name of authorized officer Chief Executive Officer Title or position of authorized officer Chief Executive Officer
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery \$51.917(d) and access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier West Kentucky Rural Telephone Cooperative Corporation, Inc KY Signature of authorized officer Trevor Bonnstetter Title or position of authorized officer Chief Executive Officer Telephone number of authorized officer (279) 674-1000
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAFICC support requested pursuant to \$51.917(f). Name of Reporting Carrier West Kentucky Rural Telephone Cooperative Corporation, Inc KY Signature of authorized officer Trevor Bonnstetter Title or position of authorized officer Chief Executive Officer Telephone number of authorized officer (279) 674-1000 Telephone number of authorized officer (279) 674-1000 Telephone Code of Reporting Carrier 260421 Filing Due Date for this form 10/4/2012
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier West Kentucky Rural Telephone Cooperative Corporation, Inc KY Signature of authorized officer Trevor Bonnstetter Title or position of authorized officer Chief Executive Officer Telephone number of authorized officer (279) 674-1009 Study Area Code of Reporting Carrier 260421 Filing Due Date for this form 10/4/2012 Persons willfully making false statements on this form can be punished by fine or forfatture under the Communications Act of 1934, 47 U.S.C. §5 902,

Act of 1934, 47 U.S.C. 88 502.	e Communications A	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934. 47 U.S.C. 86 502.	ements on this form can be	Persons willfully making false state
	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	270425	Study Area Code of Reporting Carrier
			(337) 583-2111	Telephone number of authorized officer: (
		Manager	sident and General	Title or position of authorized officer President and General Manager
			ge J. Mack	Printed name of authorized officer George J. Mack
9/25/2012	Date		1/4/	Signature of authonized officer
		ny, LLC - Louisiana	elephone, Compar	Name of Reporting Carrier Cameron Telephone, Company, LLC - Louisiana
n certifies that it has port requested pursuant	ng carrier on this form ceive the CAF ICC sup	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	reporting carrier and that, t \$1.917(d) and Access Recove	I certify that I am an officer of the complied with Eligible Recovery §5 to §51,917(f).
very	CAF/ICC Reco	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	on of Officer for Rate	Certification

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: CAMPTI-PLEASANT HILL Digitally signed by Tom Edens DN:cn=Tom **Tom Edens** Edens,email=tom@cp-tel.com,O=campti-pleasant hill,I=Natchitoches LA 71457, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Tom Edens Title or position of Authorized Officer or employee: CEO Telephone number of Authorized Officer or employee: 318-352-0014 Filing Due Date for this form Study Area Code of Reporting Carrier 270426 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

real Code of Reporting Carrier Sol. 917(8) and Access Recovery Charge \$51.917(8) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(9). LC position of authorized officer President and General Manager real Code of Reporting Carrier (337) 583-21 to \$53.917(8) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(9). President and General Manager Filing Due Date for this form 10/4/2012	eorge-J. Mack President and General Man (337) 583-2111 270430	
to the best of my knowledge, the reporting carrier on this form certifies that it has ery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant ny, LLC Date Date 9/25/2012	President and General Manager (337) 583-2111	Study Area Code of Reporting Carrier
to the best of my knowledge, the reporting carrier on this form certifies that it has ery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant my, LLC Date Date 9/25/2012	President and General Manager	Telephone number of authorized officer: (337) 583-2111
to the best of my knowledge, the reporting carrier on this form certifies that it has ery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant only, LLC Date 0/25/2012	eorge-U. Mack	Title or position of authorized officer F
to the best of my knowledge, the reporting carrier on this form certifies that it has ery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant ny, LLC		Printed name of authorized officer Gi
to the best of my knowledge, the reporting carrier on this form certifies that it has ery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant	ANKL	Signature of authorized officer
to the best of my knowledge, the reporting carrier on this form certifies that it has ery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant	Name of Reporting Carrier Elizabeth Telephone Company, LLC	Name of Reporting Carrier Elizabe
to the best of my knowledge, the reporting carrier on this form certifies that it has ery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant		
	of the reporting carrier and that, to the best of my know ery §51.917(d) and Access Recovery Charge §51.917(e).	I certify that I am an officer of complied with Eligible Recove to §51.917(f).
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a-of-Return Carrier Eligibility for CAF/ICC Recovery	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	Certifi

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: KAPLAN TEL CO Digitally signed by Richard Constantin DN:cn=Richard **Richard Constantin** Constantin,email=richardc@kaplantel.net,O=kaplan tel co,I=Kaplan LA 70548-0369, Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Richard Constantin Title or position of Authorized Officer or employee: Controller/Regulatory Manager Telephone number of Authorized Officer or employee: 337-643-7171 Filing Due Date for this form Study Area Code of Reporting Carrier 270432 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: LAFOURCHE TEL CO Digitally signed by Peter Louviere DN:cn=Peter Louviere,email=peter.louviere@corp.viscom.net,O=lafourch **Peter Louviere** e tel co,l=Larose LA 70373, Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Peter Louviere Title or position of Authorized Officer or employee: **Chief Financial Officer** Telephone number of Authorized Officer or employee: 985-693-0265 Filing Due Date for this form Study Area Code of Reporting Carrier 270433 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: NORTHEAST LOUISIANA Digitally signed by Mike George DN:cn=Mike Mike George George,email=mgeorge@ne-tel.com,O=northeast Iouisiana,I=Collinston LA 71229, Date:9/24/2012 Signature of Authorized Officer or employee: Date: 9/24/2012 Printed name of Authorized Officer or employee: Mike George Title or position of Authorized Officer or employee: President / General Manager Telephone number of Authorized Officer or employee: 318-874-7011 Filing Due Date for this form Study Area Code of Reporting Carrier 270435 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

Act of 1934, 47 U.S.C. §§ 502,	Communications 18 U.S.C. § 1001.	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502. 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	statements on this form cos(b), or fine or imprisonm	Persons willfully making false 5
	10/4/2012	Filing Due Date for this form { (mm/dd/yyyy)	270438	Study Area Code of Reporting Carrier
		CONTRACTOR	985)536 1326ext.	Telephone number of authorized officer: 985,536, 1326ext
		Vice President - Chief Financial Officer	Vice President -	Title or position of authorized officer
			Scott A Small	Printed name of authorized officer
9/27/2012	Date	/	March	Signature of authorized officer
		Company	Reserve Telephone Company	Res
m certifies that it has pport requested pursuant	g carrier on this forn	l certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	he reporting carrier and the y §51.917(d) and Access Ru	I certify that I am an officer of complied with Eligible Recover to \$51.917(f).
учегу	CAF/ICC Reco	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	ation of Officer for F	Certific

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: STAR TEL CO Digitally signed by Rebecca Knighten DN:cn=Rebecca Rebecca Knighten Knighten,email=rebeccaknighten@star.brcoxmail.com,O=st ar tel co,l= , Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Rebecca Knighten Title or position of Authorized Officer or employee: Controller Telephone number of Authorized Officer or employee: 225-926-0191 Filing Due Date for this form Study Area Code of Reporting Carrier 270441 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Act of 1934, 47 U.S.C. §§ 502,	e Communications &	Persons willfully making faise statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502,	atements on this form	Persons willfully making false st
	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	280446	Study Area Code of Reporting Carrier
OLIVINAMINATORI STANDARDA SENTENCIA CONTRACTORIO CONTRACT).	(601) 954-9070	Telephone number of authorized officer: (601) 954-9000
	ł	f Operations	Vice President of Operations	Title or position of authorized officer V
			James W. Garner	Printed name of authorized officer Jai
9/26/2012	Date	a	T W. A	Signature of authorized officer
	o de la constanta de la consta	Company, Inc.	Bay Springs Telephone Company, Inc.	Name of Reporting Carrier Bay Spr
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borriednested busnaut	beive the CAr ICC sup	complied with Eligiple Recovery 931-317(d) and Access Recovery Charge 931-317(e) and is eligible to receive the AAT ICA SUpport requested pursuant to \$51.917(f).	951.91/(a) and Access	to §51.917(f).
n certifies that it has	ng carrier on this form	certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has	e reporting carrier and	I certify that I am an officer of th
very	CAF/ICC Recov	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	tion of Officer for	Certifica
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: BRUCE TEL CO - MS Digitally signed by Charles Fail DN:cn=Charles **Charles Fail** Fail,email=charlief@nexband.com,O=bruce tel co ms,I=Bay Springs MS 39422, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Charles Fail Title or position of Authorized Officer or employee: President Telephone number of Authorized Officer or employee: 601-764-3463 Filing Due Date for this form Study Area Code of Reporting Carrier 280447 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: **DECATUR TEL CO-MS** Digitally signed by Esther Smith DN:cn=Esther **Esther Smith** Smith,email=esther@decaturtelephone.com,O=decatur tel co -ms,I=Decatur MS 39327, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: **Esther Smith** Title or position of Authorized Officer or employee: President Telephone number of Authorized Officer or employee: 601-635-2251 Filing Due Date for this form Study Area Code of Reporting Carrier 280451 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Postion of authorized officer James H. Creekmore, Sr. Date Da	Study Area Code of Reporting Cerrier 280452 Filing Due Date for this form 10/4/2012	Telephone number of authorized officer: (601) 355-1522	Title or position of authorized officer President	Printed name of authorized officer James H. Creekmore, Sr.	Signature of authorized officer farm of Culturo e	Name of Reporting Carrier Delta Telephone Company, Inc.	Certification of Officer for the reporting carrier a compiled with Eligible Recovery \$51.917(d) and Acce to \$51.917(f).
or CAF/ICC Recking carrier on this following carrier on this following carrier and the CAF ICC su	Filing Due Date for this form (imm/dd/yyyr)	22		(more, Sr.	More	npany, Inc.	for Rate-of-Return Carrier Eligibility for Rate-of-Return Carrier Eligibility for Return Carrier Eligibility for Return Carrier Eligibility for Return Charge §51.917(e) and is eligible to a secovery Charge §51.917(e) and is eligible §51.917(e) and is elig
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAFICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAFICC support requested pursuant to \$51.917(f). Imperimental Carrier Franklin Telephone Company, Inc. Include of authorized officer Wade H. Creekmore, Jr. Include of authorized officer President Include Officer President Include Officer (601) 355-1522 Imperimental Carrier C		10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	280454	Stuty Area Code of Reporting Carrier
Certification of Officer for Rate-of-Return Carrier Eligibility for CAFICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAFICC support requested pursuant to \$51.917(f). Imee of Reporting Carrier Franklin Telephone Company, Inc. Interior of authorized officer Wade H. Creekmore, Jr. Late 9/24/12 Late 9/24/12		The second secon	The second secon	(601) 355-1522	elephone number of authorized officer:
Certification of Officer for Rate-of-Return Carrier Eligibility for CAFICC RECOVERY I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and Is eligible to receive the CAFICC support requested pursuant to \$51.917(f). Impact of Reporting Carrier Franklin Telephone Company, Inc. Interior authorized officer Wade H. Creekmore, Jr. Date 9/24/12	The state of the s		A STATE OF THE STA	sident	itle or position of authorized officer Pre
Certification of Officer for Rate-of-Return Carrier Eligibility for CAFICC RECOVERY I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAFICC support requested pursuant to \$51.917(f). Image of Reporting Carrier Franklin Telephone Company, Inc. Granting of authorized officer Date 9/24/12	***************************************			de H. Creekmore, J.	rinted name of authorized officer War
Certification of Officer for Rate-of-Return Carrier Eligibility for CAFICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAFICC support requested pursuant to \$51.917(f). Image: Franklin Telephone Company, Inc.	9/24/12	Date	econocido es	elle H. Re	Signature of authorized officer
Certification of Officer for Rate-of-Return Carrier Eligibility for CAFICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAFICC support requested pursuant to §51.917(f).			ry, Inc.	Telephone Compan	lame of Reporting Carrier Franklin
Certification of Officer for Rate-of-Return Carrier Eligibility for Carric C Recovery	n certifies that it has pport requested pursuant	g carrier on this fornceive the CAF ICC sup	o the best of my knowledge, the reportin rry Charge §51.917(e) and is eligible to rec	s reporting carrier and that, to 51.917(d) and Access Recove	I certify that I am an officer of the compiled with Eligible Recovery 9 to \$51.917(f).
	very	CAF/ICC Reco	of-Return Carrier Eligibility for	ion of Officer for Rate	Certificat

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: **FULTON TEL CO** Digitally signed by Charles Fail DN:cn=Charles **Charles Fail** Fail,email=charlief@nexband.com,O=fulton tel co,I=Bay Springs MS 39422, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Charles Fail Title or position of Authorized Officer or employee: President Telephone number of Authorized Officer or employee: 601-764-3463 Filing Due Date for this form Study Area Code of Reporting Carrier 280455 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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Study Area Code of Reporting Certier 280456 Study Area Code of Reporting Certier Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502,	1980 1980 1980 Floor Date for this form	Title or position of authorized officer. General Manager	Printed name of authorized officer Joseph Miller, III	Signature of authorized officer Date 03/21/2012	Name of Reporting Carrier Georgetown Telephonic Co., Inc.	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this formation and the complied with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAFICC support requested pursuant to \$53.917(f).	the state of the s	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: LAKESIDE TEL. CO. Digitally signed by Robert Sledge Jr. DN:cn=Robert Sledge Robert Sledge Jr. Jr.,email=rsledge@deltaland.net,O=lakeside tel. co.,I=Sunflower MS 38778, Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: Robert Sledge Jr. Title or position of Authorized Officer or employee: President Telephone number of Authorized Officer or employee: 662-569-3311 Filing Due Date for this form Study Area Code of Reporting Carrier 280457 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Study Area Code of Reporting Carrier 280461 Filing Due Date for this form 10/4/2012 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502,	Telephone number of authorized officer: (601 - 764-e3171	Title or position of authorized officer PRESIDENT	Printed name of authorized officer JOHN PEARCE	Signature of authorized officer	Name of Reporting Carrier NOXAPATER TELE	to §51.91/(t).	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant	Certification of Officer fo
Filing Due Date for this form (min/dd/yyyy) To can be punished by fine or forfeiture under the	3171	Annue estimonistico transmissione maintenen en entre annue en entre entr	E	Michael	NOXAPATER TELEPHONE COMPANY, INC.		nd that, to the best of my knowledge, the reporti is Recovery Charge §51.917(e) and is eligible to re	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery
10/4/2012				Date			ng carrier on this forn ceive the CAF ICC sup	r CAF/ICC Reco
Cr of 1934 A711 C C 88 502			the state of the s	9/27/2012			n certifies that it has port requested pursuant	very

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: MOUND BAYOU TEL & CO Digitally signed by Charles Fail DN:cn=Charles **Charles Fail** Fail,email=charlief@nexband.com,O=mound bayou tel & co,I=Bay Springs MS 39422, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Charles Fail Title or position of Authorized Officer or employee: President Telephone number of Authorized Officer or employee: 601-764-3463 Filing Due Date for this form Study Area Code of Reporting Carrier 280462 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: SLEDGE TEL CO Digitally signed by Robert Sledge Jr. DN:cn=Robert Sledge Robert Sledge Jr. Jr.,email=rsledge@deltaland.net,O=sledge tel co,I=Sunflower MS 38778, Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: Robert Sledge Jr. Title or position of Authorized Officer or employee: President Telephone number of Authorized Officer or employee: 662-569-3311 Filing Due Date for this form Study Area Code of Reporting Carrier 280466 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: SMITHVILLE TEL CO Digitally signed by Terry Collums DN:cn=Terry **Terry Collums** Collums,email=tncstc@traceroad.net,O=smithville tel co,I=Smithville MS 38870, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: **Terry Collums** Title or position of Authorized Officer or employee: Vice President Telephone number of Authorized Officer or employee: 662-651-4131 Filing Due Date for this form Study Area Code of Reporting Carrier 280467 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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	, 18 U.S.C. § 1001.	ove(a), or time or imprisonment under Title 18 of the United States Gode, 18 U.S.C. § 1001.
Act of 1934, 47 U.S.C. 88 502.	e Communications	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. 88 502.
	10/4/2012	Study Area Code of Reporting Carrier 290553
		Telephone number of authorized officer: (931) 658-4131
		Title or position of authorized officer Chief Executive Officer
		Printed name of authorized officer Trevor Bonnstetter
9/26/2012	Date	Signature of authorized officer & J. K. J.
	:	Name of Reporting Carrier Ben Lomand Rural Telephone Cooperative, Inc.
rrm certifies that it has upport requested pursuant	ing carrier on this fo eceive the CAF ICC s	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).
ючегу	or CAF/ICC Rec	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

Act of 1934, 47 U.S.C. & 502.	e Communications	the formulations act of 1934, 47 U.S.C. 88 502.	this form one bo	
	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	290554	Study Area Code of Reporting Carrier
			423) 447-2121	Telephone number of authorized officer: (423) 447-2121
			sident	Title or position of authorized officer President
		Q	Lee Downey	Printed name of authorized officer Wohn Lee Downey
09/25/2012	Date	when	John one Down	Signature of authorized officer
		ive, Inc.	elephone Cooperati	Name of Reporting Carrier Bledsoe Telephone Cooperative, Inc.
				to \$51.917(f).
n certifies that it has port requested pursuant	g carrier on this form eive the CAF ICC sup	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant	reporting carrier and that, to 1.917(d) and Access Recove	I certify that I am an officer of the complied with Eligible Recovery §5
very	CAF/ICC Recov	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	on of Officer for Rate-	Certification

Telephone number of authorized officer: (601) 954-9070 Filing Due Date for this form 10/4/2012	Signature of authorized officer	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier Crockett Telephone Company, Inc.	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery
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			THE PARTY OF THE P	Persons willfully making false statements on this form can be assisted by the angle of the control of the contr
	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	290565	Study Area Code of Reporting Carner
			(423) 628-2121	Telephone number of authorized officer (423) 628-2121
		r - General Manager	ef Operating Office	True or position of authorized officer. Chief Operating Officer - General Manager
			lark Patterson	Printed name of authorized officer G. Mark Patterson
9/25/2012	Date		milde	Signature of authorized officer
		ative. Inc.	Telephone Coopera	Name of Reporting Carrier Highland Telephone Cooperative, Inc.
ocrtifies that it has port requested pursuant	g carrier on this form eive the CAF ICC sup	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	e reporting carrier and that, t §51.917(d) and Access Recove	I certify that I am an officer of the complied with Eligible Recovery § to §51.917(f).
very	CAF/ICC Reco	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	ion of Officer for Rate	Certificat

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Act of 1934, 47 U.S.C. §§ 502,	e Communications /	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502.	ements on this form can be	Persons willfully making false sta
	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	290573	Study Area Code of Reporting Carrier
			615) 666-2151	Telephone number of authorized officer (615) 666-2151
			sident and CEO	Title or position of authorized officer President and CEO
			y J. White	Printed name of authorized officer Nancy J. White
09/26/2012	Date	20kg	Bury Dr	Signature of authorized officer
		perative, Inc.	tral Telephone Coo	Name of Reporting Carrier North Central Telephone Cooperative, Inc.
n certifies that it has port requested pursuant	ng carrier on this form ceive the CAF ICC sup	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	reporting carrier and that, t 51.917(d) and Access Recove	I certify that I am an officer of the complied with Eligible Recovery § to §51.917(f).
very	CAF/ICC Reco	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	on of Officer for Rate	Certificat

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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is elligible to receive the CAF ICC support requested pursuant to \$51.917(f). Of Reporting Carrier Peoplies Telephone Company Lure of authorized officer Jarmes W. Garner Aname of authorized officer Vice President of Operations Prosilion of authorized officer (801) 954-9070 Area Code of Reporting Carrier 290576 Filing Due Date for this form Area Code of Reporting Carrier 290576 Filing Due Date for this form U1/4/2012 Filing Due Date (10/4/2012 S03(b), or fine or imprisonment under title 18 of the Orificiture under the Communications Act of 1934, 47 U.S.C. §§ 802,

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: TWIN LAKES TEL COOP Digitally signed by Jonathan West DN:cn=Jonathan **Jonathan West** West,email=jwest@twlakes.coop,O=twin lakes tel coop,I=Gainesboro TN 38562, Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Jonathan West Title or position of Authorized Officer or employee: General Manager Telephone number of Authorized Officer or employee: 931-268-2151 Filing Due Date for this form Study Area Code of Reporting Carrier 290579 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: UTC OF TN Digitally signed by Cindy Rothstein DN:cn=Cindy **Cindy Rothstein** Rothstein,email=crothstein@utcoffice.net,O=utc of tn,I=Chapel Hill TN 37034, Date:9/24/2012 Signature of Authorized Officer or employee: Date: 9/24/2012 Printed name of Authorized Officer or employee: Cindy Rothstein Title or position of Authorized Officer or employee: Vice President Telephone number of Authorized Officer or employee: 931-364-4321 Filing Due Date for this form Study Area Code of Reporting Carrier 290581 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Act of 1934, 47 U.S.C. §§ 502,	e Communications , 18 U.S.C. § 1001.	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 502, 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	Persons willfully making false statemen 503(b), or f
	10/4/2012	290583 Filing Due Date for this form (mm/dd/yyyy)	Study Area Code of Reporting Carrier 20
		954-9070	Telephone number of authorized officer: (601) 954-90 [Q.
		Vice President of Operations	Title or position of authorized officer Vice P
		bames W. Garner	Printed name of authorized officer James
9/26/2012	Date	W. Ha	Signature of authorized officer
		West Tennessee Telephone Company, Inc.	Name of Reporting Carrier West\Tennes
rm certifies that it has ipport requested pursuant	ng carrier on this fo	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	I certify that I am an officer of the repor complied with Eligible Recovery §51.917 to §51.917(f).
эчегу	r CAF/ICC Rec	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	Certification o

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Study Area Code of Reporting Carrier 290598 Filing Due Date for this form 10/4/2012	elephone number of authorized officer: (270) 674-1000	Title or position of authorized officer. Chief Executive Officer	Hinted name of authorized officer Trevor Bonnstetter	Signature of authorized officer Pr. R. L. Delle 9/26/2012	Name of Reporting Carrier West Kentucky Rural Telephone Cooperative Corporation, Inc TN	i certify that I am an afficer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery
	Filing Due Date for this form (mm/ddf/yyyy)	Filing Due Date for this form (mm/dd/yyyy)	Chief Executive Officer (270) 674-1000 290598 Filing Due Date for this form (mm/ddf/yyy)	Filing Due Date for this form	Filling Due Date for this form 10/4/2012	ne Cooperative Corporation, Inc TN Dette Filing Due Date for this form 10/4/2012	i certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$53.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAFICC support requested pursuant to \$51.917(f). Name of Reporting Carrier West Kentucky Rural Telephone Cooperative Corporation, Inc TN Signature of authorized officer Trevor Bonnstetter This or position of authorized officer Chief Executive Officer Taliaghone number of authorized officer (279) 674-1000 Teliaghone number of authorized officer (279) 674-1000 290598 Study, Area Code of Reporting Carrier 290598

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: THE ARTHUR MUTUAL Digitally signed by Eric Roughton DN:cn=Eric **Eric Roughton** Roughton,email=artelco@bright.net,O=the arthur mutual,I= , Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: Eric Roughton Title or position of Authorized Officer or employee: General Manager/Sec'y/Treasurer Telephone number of Authorized Officer or employee: 419-393-2233 Filing Due Date for this form Study Area Code of Reporting Carrier 300586 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Study Area Code of Reporting Carrier 0588 Filing Due Date for this form 10/4/2012 (mm/ddyyyy) 10/4/2012	Telephone number of authorized officer: (419) 395-2228.	Title or position of authorized officer Secretary/Treasurer	Printed name of authorized officer Phillip D. Maag	Signature of authorized officer AMALAS, Many Date 9/	Name of Reporting Carrier Ayersville Telephone Company	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery
form 10/4/2012) Date 9/26/12		he reporting carrier on this form certifies that gible to receive the CAF ICC support requested	bility for CAF/ICC Recovery

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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: **BASCOM MUTUAL TEL CO** Digitally signed by Kathy Reinhart DN:cn=Kathy **Kathy Reinhart** Reinhart,email=kmr@bascomtelephone.com,O=bascom mutual tel co,I=Bascom OH 44809, Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: Kathy Reinhart Title or position of Authorized Officer or employee: Asst. Treasurer Telephone number of Authorized Officer or employee: 419-937-2222 Filing Due Date for this form Study Area Code of Reporting Carrier 300589 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Study Area Code of Reporting Carder 3000390 (mm/ddyyyy) 10/4/2012	reignifile immed of particulated officer	Telephone number of authorized officer. (419) 859-2144	Fille or position of authorized officer	Printed name of authorized officer	Signature of authorized officer	Name of Reporting Carrier Be	I certify that I am an officer of a compiled with Eligible Recover to §51.917(f).	Certific
300300	200-00	(419) 859-214	President & CEO	Ken Williams	Ken William	Benton Ridge Tel Co	the reporting carrier and y §51.917(d) and Access	ation of Officer for
(mm/dd/yyyy)	Elitop Due Date for this form	245	CEO		Musey	Co	! certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery
10/4/2012	Total State of the				Date		ing carrier on this for scelve the CAF ICC su	r CAF/ICC Reco
					9/25/2012		rm certifies that it has ipport requested pursuant	overy

Act of 1934, 47 U.S.C. 55 502.	the Communications to, 18 U.S.C. § 1001.	ressons withing haking take statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502. 6502. 6503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.
	10/4/2012	Study Area Code of Reporting Carrier 300591 Filing Due Date for this form
in de marchine de la company		Telephone number of authorized officer: (419) 657-2222
	orreside.	Title or position of authorized officer. General Manager
	Date	Frinted name of authorized officer. Douglas G. Place
9-26-2012	Tites and	Signature of authorized officer (Many like)
	1	Name of Reporting Cerrier Buckland Telephone Company
upport requested pursuant	ting carrier on this for receive the CAF ICC su	I cartify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §\$1.917(f).
overy	for CAF/ICC Rec	Certification of Officer for Rate-of-Return Carrier Eligiblity for CAF/ICC Recovery
unit.	e e	

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: THE CHAMPAIGN TEL CO Digitally signed by Tiffany Kuivinen DN:cn=Tiffany **Tiffany Kuivinen** Kuivinen,email=tiffany@ctcommunications.com,O=the champaign tel co,l= , Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: Tiffany Kuivinen Title or position of Authorized Officer or employee: **Director of Finance** Telephone number of Authorized Officer or employee: 937-653-2263 Filing Due Date for this form Study Area Code of Reporting Carrier 300594 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

of 1934, 47 U.S.C. §§ 502,	e Communications Act e, 18 U.S.C. § 1001.	Persons wilifully making false statements on this form can be purished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 502, 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	lements on this form can be p	Persons willfully making false sta
- V	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	300598	Sludy Area Code of Reporting Carrier
			419 17415- 8005, ext.	Telephone number of authorized officer: (419 1748-6005, ext.
			President	Tille or position of authorized officer
	3	X	DIE MILLE	Printed name of authorized efficer
4 12 12	Date	1	Smart Prairie	Signature of authorized officer
2		hundany acor	and alay nam	Name of Reporting Carrier . MC.C.)
ertifles that it has int requested pursuant	ing carrier on this form conceive the CAF ICC suppo	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	reporting carrier and that, to 51.917(d) and Access Recover	I certify that I am an officer of the compiled with Eligible Recovery § to §51.917(f).
Ž	T CAFIICC Recove	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	ion of Officer for Rate-	Certificat

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: CONNEAUT TEL CO Digitally signed by Karen Picard DN:cn=Karen **Karen Picard** Picard,email=karenp@suite224.net,O=conneaut tel co,I=Conneaut OH 44030, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Karen Picard Title or position of Authorized Officer or employee: **Chief Financial Officer** Telephone number of Authorized Officer or employee: 440-593-7127 Filing Due Date for this form Study Area Code of Reporting Carrier 300606 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

Persone willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1834, 47 U.S.C. §§ 592, 803(b), or fine or imprisonment under ⊡tis 18 of the United States Code, 16 U.S.C. § 1801.
Study Area Code of Reporting Cerrier 300609 Filling Due Date for this form 10/4/2012
Telephone number of authorized officer: (339) 658-2121
Title or position of authorized officer. President
Printed name of authorized officer Thomas J. Brockman
Signature of authorized officer ACTEMATICAL ACTEMATICA
Name of Reporting Carrier Daylestown Telephone Company 🧷
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the repording carrier on this form certifies that it has compiled with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuent to §51.917(f).
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: **FARMERS MUTUAL TEL** Digitally signed by Eric Damman DN:cn=Eric **Eric Damman** Damman,email=edamman@fmtc.cc,O=farmers mutual tel,I=Okolona OH 43550, Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Eric Damman Title or position of Authorized Officer or employee: Secretary/General Manager Telephone number of Authorized Officer or employee: 419-758-3322 Filing Due Date for this form Study Area Code of Reporting Carrier 300612 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Name of Reporting Carrier Fort Jennings Telephone Company Signature of authorized officer NUNCO NUTC Printed name of authorized officer Michael Metzger Title or position of authorized officer Assistant VP Telephone number of authorized officer: (419) 286-2181. Study Area Code of Reporting Carrier 300614 Filing Due Date for this form 10/4/2012	ication of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC supponnings Telephone Company Pannings Telephone Company Date Date Company Company	0/4/2012			The second name of the second na
ohone Company Date Pro- Page Pro- Page Pro- Pro- Page Pro- Pro	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier Fort Jennings Telephone Company Signature of authorized officer NUTL NETTO NETTO Date Printed name of authorized officer Assistant VP Title or position of authorized officer: (419) 286-2184 Telephone number of authorized officer: (419) 286-2184			300614	Study Area Code of Reporting Carrier
hm. Date	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier Fort Jennings Telephone Company Signature of authorized officer Michael Metzger Title or position of authorized officer Assistant VP			419) 286-2181	Telephone number of authorized officer: (
PD- Date	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier Fort Jennings Telephone Company Signature of authorized officer Michael Metzger Date 9/27/2012			istant VP	Title or position of authorized officer ASS
ort Jennings Telephone Company	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier Fort Jennings Telephone Company Signature of authorized officer MANY O MANY Date 9/27/2012			ael Metzger	Printed name of authorized officer Mich
Name of Reporting Carrier Fort Jennings Telephone Company	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier Fort Jennings Telephone Company			m/s pm	
	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).		mpany	ings Telephone Co	Name of Reporting Carrier Fort Jenn
	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	rier on this form certifies that it has the CAF (CC support requested pursuant	o the best of my knowledge, the reporting carr ery Charge §51.917(e) and is eligible to receive t	reporting carrier and that, to 51.917(d) and Access Recove	I certify that I am an officer of the complied with Eligible Recovery § to §51.917(f).
complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF (CC support requested pursuant to §51.917(f).	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).		F/ICC Recovery	-of-Return Carrier Eligibility for CAI	on of Officer for Rate	Certificati

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: **GLANDORF TEL CO** Digitally signed by Linda Heckman DN:cn=Linda Linda Heckman Heckman,email=glantel@bright.net,O=glandorf tel co,I=Glandorf OH 45848-0031, Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: Linda Heckman Title or position of Authorized Officer or employee: Manager/Asst.Treasurer Telephone number of Authorized Officer or employee: 419-538-6987 Filing Due Date for this form Study Area Code of Reporting Carrier 300619 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: KALIDA TEL CO Digitally signed by Chris Phillips DN:cn=Chris **Chris Phillips** Phillips,email=chrisp@kalidatel.com,O=kalida tel co,I=Kalida OH 45853, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Chris Phillips Title or position of Authorized Officer or employee: Manager Telephone number of Authorized Officer or employee: 419-532-3218 Filing Due Date for this form Study Area Code of Reporting Carrier 300625 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: MIDDLE POINT HOME Digitally signed by Kent Hughes DN:cn=Kent **Kent Hughes** Hughes,email=khughes@middlepointtel.com,O=middle point home,I=Middle Point OH 45863, Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: Kent Hughes Title or position of Authorized Officer or employee: Plant Manager/Assistant Vice President Telephone number of Authorized Officer or employee: 419-968-2000 Filing Due Date for this form Study Area Code of Reporting Carrier 300633 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: MINFORD TEL CO Digitally signed by Paula McGraw DN:cn=Paula **Paula McGraw** McGraw,email=pmcgraw@falcon1.net,O=minford tel co,I=Minford OH 45653, Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Paula McGraw Title or position of Authorized Officer or employee: General Manager Telephone number of Authorized Officer or employee: 740-820-2151 Filing Due Date for this form Study Area Code of Reporting Carrier 300634 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Act of 1934, 47 U.S.C. §§ 502,	e Communications /	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502,	ements on this form can be	Persons willfully making false stat
	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	300639	Study Area Code of Reporting Carrier
			419) 753-2457	Telephone number of authorized officer: (419) 753-2457.
			NERAL MANAGER	Title or position of authorized officer GENERAL MANAGER
			STON MEYER	Printed name of authorized officer PRESTON MEYER
09/27/2012	Date		he m	Signature of authorized officer $f_{\mathcal{M}_2}$
)NE	XVILLE TELEPHO	Name of Reporting Carrier NEW KNOXVILLE TELEPHONE
				to §51.91/(t).
n certifies that it has port requested pursuant	ng carrier on this forn ceive the CAF ICC sup	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant	reporting carrier and that, to 51.917(d) and Access Recove	I certify that I am an officer of the complied with Eligible Recovery §
very	r CAF/ICC Reco	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	on of Officer for Rate	Certificati

Dated 1994 4711 6 5 88 805	o Communication	Foreons willfully making tales statements on this form can be punished by tino or forfalture under the Communications Act of 1824, 47 U.S. C. 48-603.
	10/4/2012	Sudy Area Code of Resorting Center 300644 Find Dise Carthis form
		stephans number of sulherized officers 03 1003 109eQ
		His or possion of authorized officer President/Owner
		Printed name or surronged officer Charle Makingly
19-25-12	Qate	Standard of authorized afficer Chill Man Millian
		Name of Respiring Cardley Nova Telephone Company
orm sertifies that it has	ting cardor on this racely o the CAP ICC	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting serrior on this form sertifics that it has compiled with eligible Recovery Boss 917(d) and Access Recovery Charge 651.917(e) and is aligible to receive the CAF ICC support requested pursuant to 551.917(f).
Уприст	or CAF/ICC R	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier The Ottoville Mutual Telephone Company Signature of authorized officer Donald J Hoefrsten Trile or position of authorized officer General Manager Telephone number of authorized officer: (419) 453-3324 Telephone number of authorized officer: (419) 453-3324 Telephone number of authorized officer (419) 453-3324 Filing Due Date for this form			mily box balls not the source		Study wied Code of Reporting Carrier
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier The Ottoville Mutual Telephone Company Signature of authorized officer Donald J Hoersten Title or position of authorized officer General Manager Telephone number of authorized officer. (419) 453-3324.			Filing Due Date for this form	300650	
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier The Ottoville Mutual Telephone Company Signature of authorized officer Donald J Hoersten Title or position of authorized officer General Manager				419) 453-3324	Telephone number of authorized officer: (
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier The Ottoville Mutual Telephone Company Signature of authorized officer Donald J Hoersten				neral Manager	Title or position of authorized officer Ger
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier The Ottoville Mutual Telephone Company Signature of authorized officer South State State South S				ald J Hoersten	Printed name of authorized officer Dona
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier The Ottoville Mutual Telephone Company			then	all of the	Signature of authorized officer
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			ne Company	ille Mutual Telepho	Name of Reporting Carrier The Ottovi
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant					to §51.917(f).
Commenced of Commenced States of Commenced Sta	arrier on this form certifies that it has e the CAF ICC support requested pursuant	porting car	to the best of my knowledge, the reery Charge §51.917(e) and is eligible	reporting carrier and that, \$1.917(d) and Access Recov	I certify that I am an officer of the complied with Eligible Recovery §
Commenced on Companion Name of Name of Name of Parties and Name of Nam					
Certification of Officer for Rate-of-Return Carrier Eligibility for CAE/ICC Recovery	AF/ICC Recovery	y for CA	e-of-Return Carrier Eligibili	on of Officer for Rate	Certificati

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). I signature of authorized officer Aatom Jones Printed or position of authorized officer CEO Title or position of authorized officer (330) 895-4393 Telephone number of authorized officer (330) 895-4393					Company of the Compan
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Impact of Reporting Carrier Pattersonville Telephone Co. Date 9/26/12 Pattersonville Telephone Co. Date Pagent Jones Pattersonville CEO Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f).		10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	300651	Study Area Code of Reporting Carner
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Tame of Reporting Carrier Pattersonville Telephone Co. Date 9/26/12 Date Pattersonville Telephone Co. Date				330) 895-4391	Telephone number of authorized officer: (
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Tame of Reporting Carrier Pattersonville Telephone Co. Date 9/26/12				0	Title or position of authorized officer CE(
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Tame of Reporting Carrier Pattersonville Telephone Co. Date 9/26/12				on Jones	Printed name of authorized officer Aap
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Barne of Reporting Carrier Pattersonville Telephone Co. Date 9/26/12				1	Signature of applications of the
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). The porting Carrier Pattersonville Telephone Co.	9/26/12	Date		7	Senting of authorized officer
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				ille Telephone Co.	Name of Reporting Carrier Pattersonv
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	port requested pursuant	g carrier on this form	o the best of my knowledge, the reportin ery Charge §51.917(e) and is eligible to rec	reporting carrier and that, b \$1.917(d) and Access Recove	I certify that I am an officer of the complied with Eligible Recovery 95 to 951.917(f).
	very	CAF/ICC Recov	-of-Return Carrier Eligibility for	on of Officer for Rate	Certification

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

Name of Reporting Carrier Ridgeville Telephone Company	phone Compar	ny .		
Signature of authorized officer	W/ 1800	To the second se	Date	9/26/12
Printed name of authorized officer Larry M. Wendt	Wendt	d		
Title or position of authorized officer President	nt			
Telephone number of authorized officer: (419) 267-5185.) 267-5185			
Study Area Code of Benoting Carrier	300654	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

Act of 1934, 47 U.S.C. §§ 502,	48 U.S.C. & 1001	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502,	ements on this form can be p	Persons willfully making false state
	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	300656	Study Area Code of Reporting Carrier
			119) 899-2121	Telephone number of authorized officer: (419) 899-2121
anuibriomive; -			eral Manager	Title or position of authorized officer General Manager
And the second s			Bergman U	Printed name of authorized officer Lynn Bergman
9/27/2012	Date	minutes or control	Ama Reina	Signature of authorized officer
	THE THE PARTY OF T	ssociation Inc	Mutual Telephone A	Name of Reporting Carrier Sherwood Mutual Telephone Association Inc
m certifies that it has poort requested pursuant	g carrier on this for eive the CAF ICC su	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f).	reporting carrier and that, to t 1.917(d) and Access Recovery	I certify that I am an officer of the compiled with Eligible Recovery §5 to §51.917(f).
very	CAF/ICC Reco	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	on of Officer for Rate-o	Certification
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Act of 1934, 47 U.S.C. §§ 502,	e statements on this form can be punished by fine or forfetture under the Communications A 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001,	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. 85 502.	Persons will't
	10/4/2012	M Reporting Carrier 300658 Filling Due Date for this form	Study Area Code of Reporting Carrier
		Telephone number of authorized officer: (4/9, 93-74-0)-244.	elephone number o
And the second s	THE PROPERTY OF THE PROPERTY O	authorized officer GENERAL MINAGER / Treasurer	Title or position of authorized officer
-		Printed name of authorized officer Steven D. FK/chevy	rinted name of auth
- ETAND	Date	treed officer L- to Ch.	Signature of authorized officer
		Name of Reporting Carrier Sylca More Telephone Company	Name of Reporting (
oport requested pursuant	ng carrier on this form	t certify that I am an officer of the reporting carrier and that, to the dest of my knowledge, the reporting carrier on this form certifies that I has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	compiled with
very	r CAF/ICC Reco	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: **TELEPHONE SERVICE** Digitally signed by Bruce Hanson DN:cn=Bruce **Bruce Hanson** Hanson,email=bruce@hcinet.net,O=telephone service,I= Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Bruce Hanson Title or position of Authorized Officer or employee: Treasurer Telephone number of Authorized Officer or employee: 320-847-2211 Filing Due Date for this form Study Area Code of Reporting Carrier 300659 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: VAUGHNSVILLE TEL CO Digitally signed by Martha Kaplan DN:cn=Martha Martha Kaplan Kaplan,email=vvtelco@bright.net,O=vaughnsville tel co,I=Vaughnsville OH 45893-0127, Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: Martha Kaplan Title or position of Authorized Officer or employee: Manager/Secretary/Treasurer Telephone number of Authorized Officer or employee: 419-646-3431 Filing Due Date for this form Study Area Code of Reporting Carrier 300663 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.